



# Fee-For-Service Getting Started Guide for Claiming

**Version 1.0**

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# *Overview*

## Overview

As a Fee-For-Service Network Provider with the Los Angeles County Department of Mental Health, you are responsible for submitting claiming information to the Department. This is a step-by-step guide to show you how to check eligibility and/or submit claims for specialty mental health services for your Medi-Cal beneficiaries using the Direct Data Entry (DDE) or the Electronic Data Interchange (EDI) process.

If you have not done so, you must apply for a SecurID card in order to get access to the Integrated System(IS), which is where you will be entering your eligibilities and claims.

To apply for your SecurID card for the DDE process, go to the following Internet Address: <http://dmh.lacounty.gov/hipaa/index.html>. Once on the website, click on the Outpatient-Fee-For-Service tab then locate the “IS forms” link on the left side of the screen. The Application Checklist gives you a list of forms that you will need to complete to get your SecurID card and access to the Integrated System. Although there are EDI applications on the Application Checklist, this is not where EDI users will get their applications.

To apply for your SecurID card for the EDI process, go to the following Internet Address: [http://lacdmh.lacounty.gov/hipaa/ffs\\_EDI\\_Secure\\_File\\_Transfer.htm](http://lacdmh.lacounty.gov/hipaa/ffs_EDI_Secure_File_Transfer.htm). Once on the website, click on the link to the left side of the page “EDI Forms and System Access Forms.”

The following items will assist you with the claiming process after you have received your SecurID card:

1. Network Provider Manual, 4<sup>th</sup> edition, 2009  
[http://file.lacounty.gov/dmh/cms1\\_159858.pdf](http://file.lacounty.gov/dmh/cms1_159858.pdf)
2. A Guide to Procedure Codes for Claiming Specialty Mental Health Services  
[http://file.lacounty.gov/dmh/cms1\\_159845.pdf](http://file.lacounty.gov/dmh/cms1_159845.pdf)
3. DSM-IV Crosswalk to ICD-9  
[http://dmh.lacounty.gov/hipaa/downloads/IS\\_DIAG\\_CODES\\_TABLE\\_FOR\\_FFS.pdf](http://dmh.lacounty.gov/hipaa/downloads/IS_DIAG_CODES_TABLE_FOR_FFS.pdf)
4. Companion Guide – 4010  
[http://lacdmh.lacounty.gov/hipaa/documents/837P\\_4010\\_Companion\\_Guide.pdf](http://lacdmh.lacounty.gov/hipaa/documents/837P_4010_Companion_Guide.pdf)
5. Companion Guide - 5010  
[http://lacdmh.lacounty.gov/hipaa/documents/837P\\_5010\\_Companion\\_Guide.pdf](http://lacdmh.lacounty.gov/hipaa/documents/837P_5010_Companion_Guide.pdf)
6. Subscriber Information
7. Prior Authorization or Referral Number (if applicable)
8. Coordination of Benefits (COB) Payer Paid Amount (if applicable)

# *How to Log-on to the Integrated System*

## How to Log-on to the Integrated System

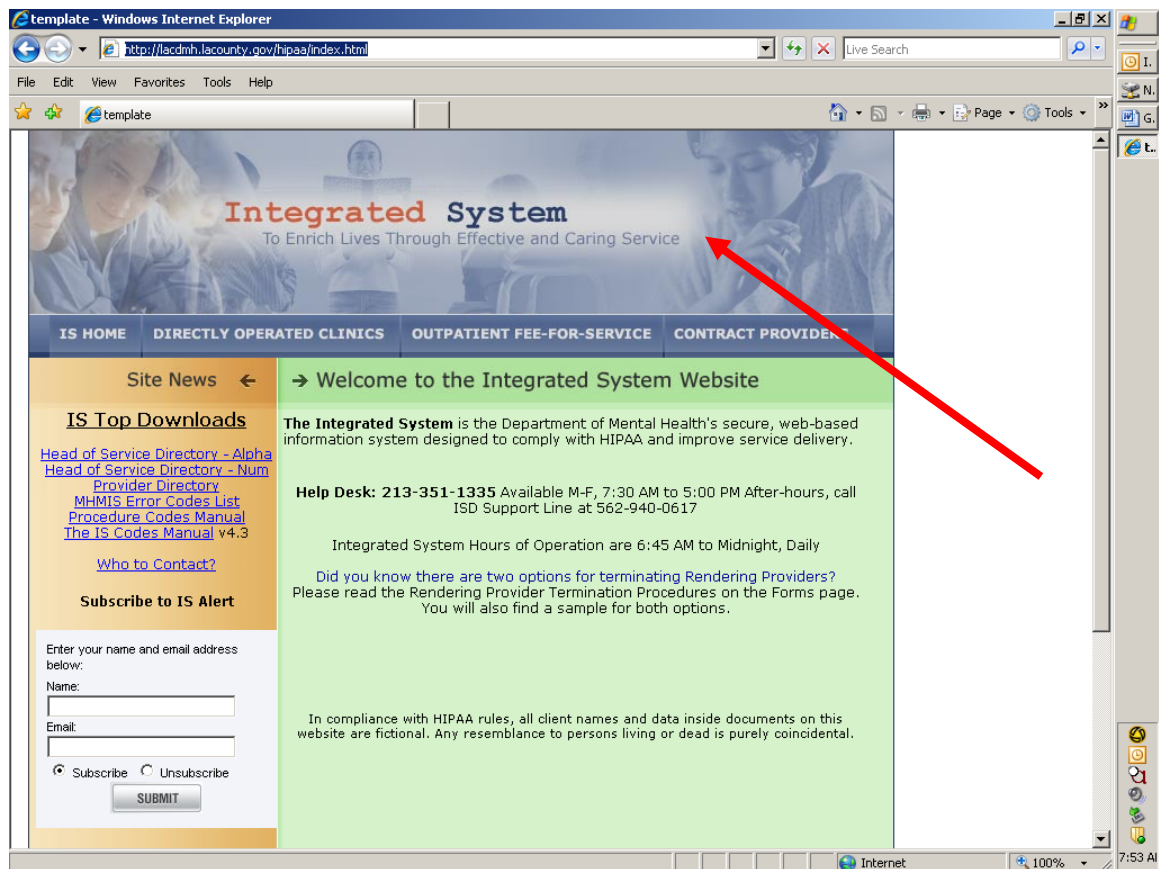
### **Integrated System (IS)**

Log-on Procedures for RSA SecurID card Users

#### **Internet Address:**

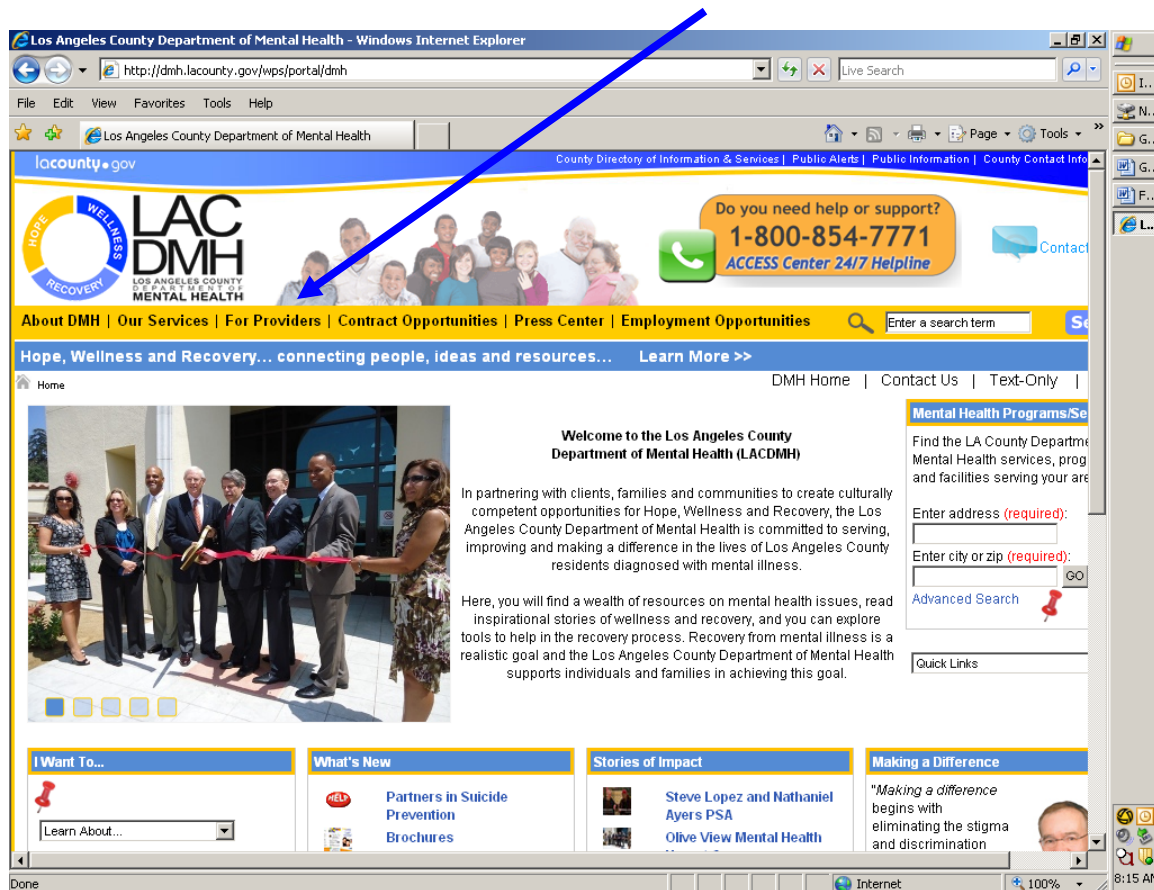
The direct route to the Integrated System is via the following website:

<http://lacdmh.lacounty.gov/hipaa/index.html>



Click in the area that says Integrated System.

Another way to access the Integrated System is via the DMH Home page.



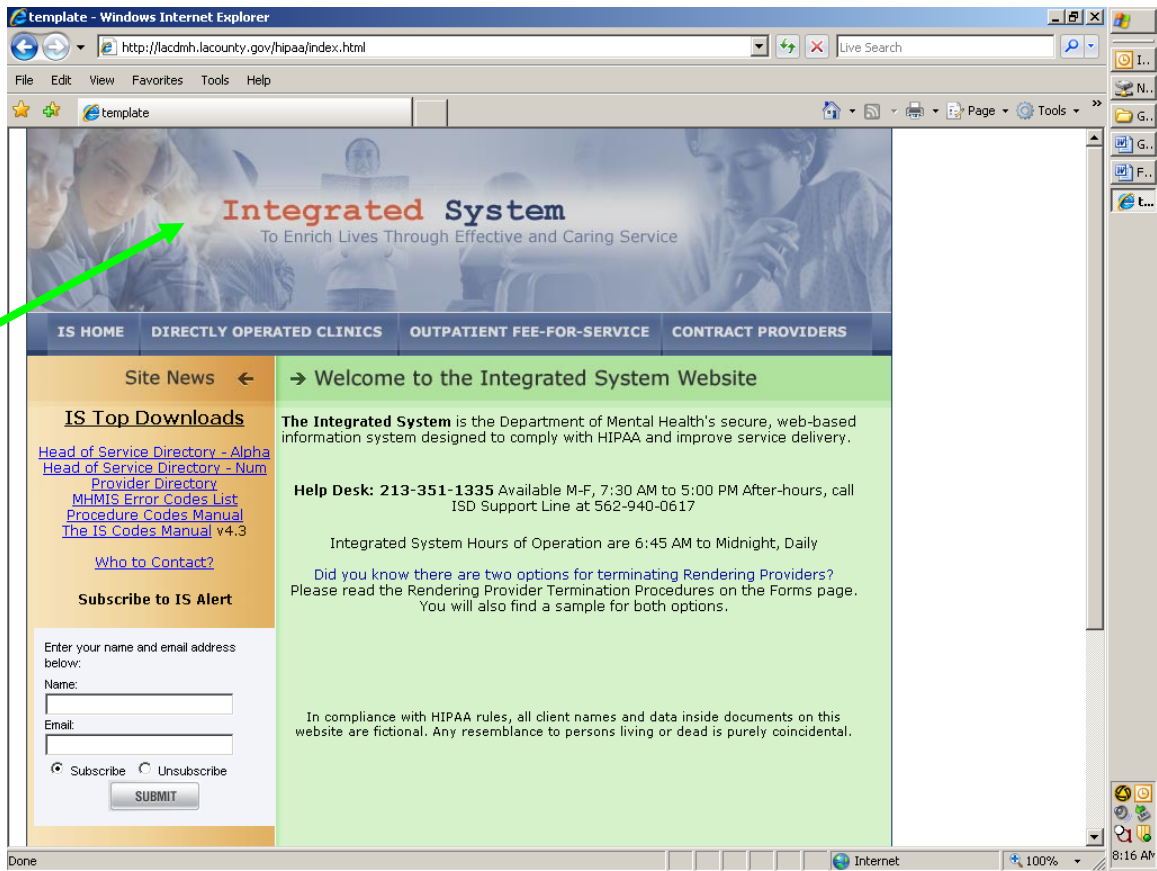
Highlight the “For Providers” link.



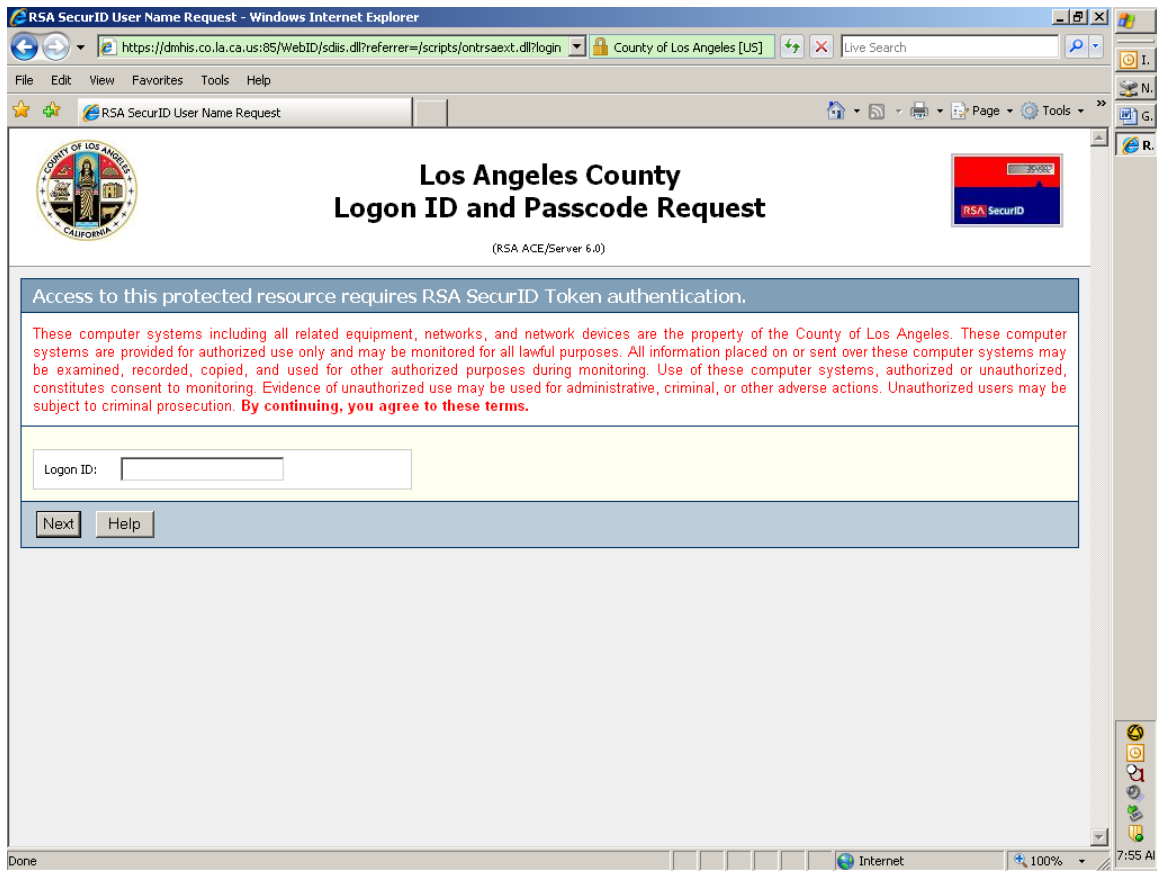
Select the “Integrated System” link from the Administrative Tools menu.

The following screen will appear.





Click in the section that says “Integrated System. The following screen will appear.



### Log-on ID:

This will be the Provider's "C" number. Log-in will consist of a "C" and six-digits. (Example: C#####)

### Passcode:

Your Passcode consists of your PIN followed by the displayed token code. This unique code plus the user's PIN is the one-time Passcode that is required for system entry.

After the initial log-in, the passcode will be: the PIN + the numbers on the SecurID card. (Example: PIN = ##### + SecurID Card number = 234567; passcode = #####234567)

If you have any questions regarding the log-on process, please call the DMH Help Desk at (213) 351-1335.

Once you have logged in, the following screen will appear.

## Home



### Options

[DMH Privacy Policy](#)

[Find Client](#)

[Reports](#)

[Change Password](#)

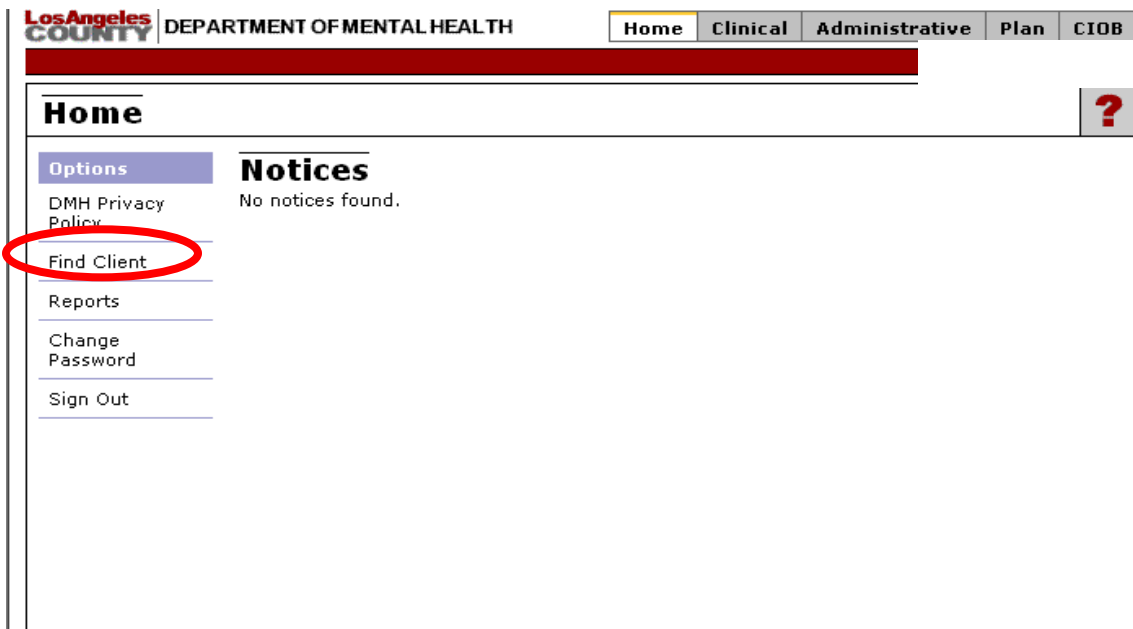
[Sign Out](#)

### Notices

No notices found.

*Find Client*

## Welcome to the Integrated System



This is the first screen that displays upon accessing the Integrated System. To initiate the claiming process, a client search must be done before adding a new client.

In order to complete a client search, you will need to go to the “Find Client” option.

As you are already on the Home module, click on Find Client.

## Find Client (cont'd)

The search criteria will display.

Find Client		?
<b>Options</b>	<input checked="" type="radio"/> Search by ID.	
DMH Privacy Policy	Type: <input type="text" value="DMH"/> ID: <input type="text"/>	
Find Client	<input type="radio"/> Search by Custom Criteria.	
Reports	Last Name: <input type="text"/>	
Change Password	First Name: <input type="text"/>	
Sign Out	Middle Initial: <input type="text"/>	
	Birth Date: <input type="text"/>	Or Age: <input type="text"/>
	<input type="button" value="Search"/> <input type="button" value="Clear"/>	

Clients that have previously been entered into the DMH system will have their information available here. Whether or not you are a DDE or EDI submitter, an eligibility check will need to be completed for clients not found in Find Client.

## Find Client (cont'd)

There are two ways to search for your client's information. When searching, also try both options if the first option does not provide the information you are looking for.

**Find Client** ?

**Options**

- DMH Privacy Policy
- Find Client
- Reports
- Change Password
- Sign Out

☒ Search by ID.

Type: DMH ID:

☐ Search by Custom Criteria.

Last Name:

First Name:

Middle Initial:

Birth Date:  Or Age:

**Search** **Clear**

## ***Search by ID***

- **DMH**  
The unique ID given to a client the first time (or when different information is entered in the eligibility for the same client) an eligibility is completed for the client.
- **Medi-Cal**  
Each client has a Client Identification Number (CIN) that has been issued by State Medi-Cal. Medi-Cal (CIN) has 8-digits, and typically starts with a "9," and contains an alpha. (Ex: 99999999A)
- **SSN**  
Every person has a specific social security number associated to them. This number must be entered in the xxx-xx-xxxx format.

## Find Client (cont'd)

The other way of searching is by custom criteria.

**Find Client** ?

**Options**

DMH Privacy Policy

Find Client

Reports

Change Password

Sign Out

☒ Search by ID.

Type: DMH ID:

☐ Search by Custom Criteria.

Last Name:

First Name:

Middle Initial:

Birth Date:  Or Age:

**Search** **Clear**

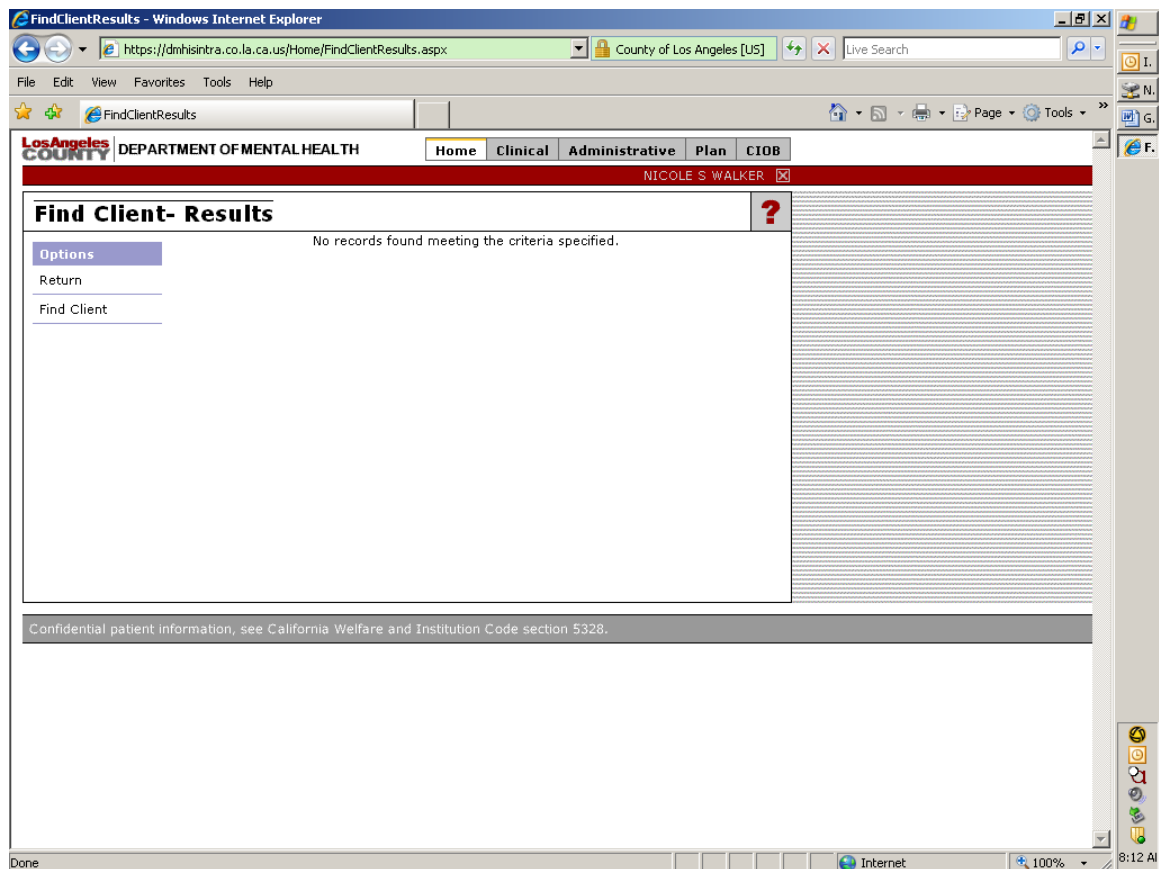
## ***Search by Custom Criteria***

Required Fields

- Last Name
- First Name
- Birth Date **OR** Age



If the client's information is not available in Find Client, you will receive the following page. Notice the message, "No records found meeting the criteria specified."



Should you receive this page, you will need to enroll the client (see Enrolling the Client section).

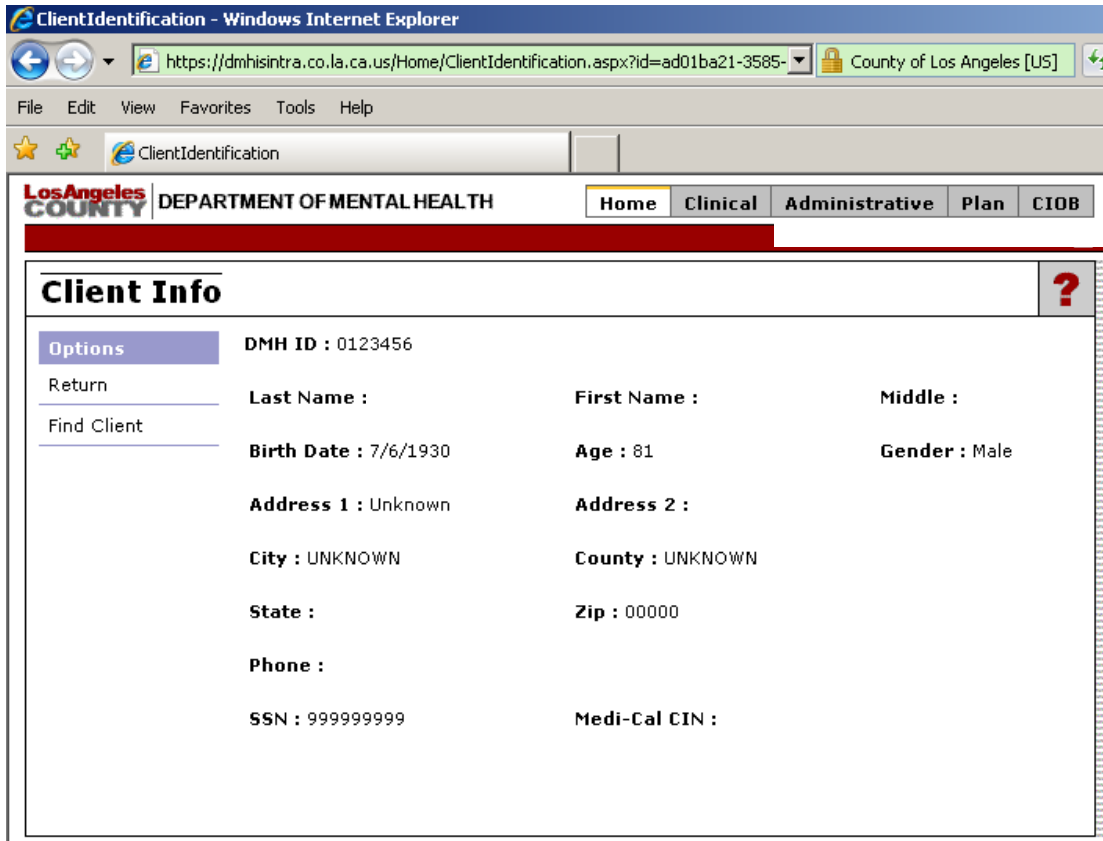
### Find Client (cont'd)

The Find Client-Results screen displays all clients that have similarities according to the information entered on the Find Client screen. Locate the client with the most commonalities (if multiple results are shown) and select the blue DMH ID next to the corresponding name. Based on the information you have for the client, you may need to update the information you see in Find Client (see Updating Enrollment section).

Find Client- Results				?
Options	DMHID	Client Name	Birth Date	SSN
Return	<a href="#">0123456</a>			999999999
Find Client	1			

### Find Client (cont'd)

The client information screen will display.



**Client Identification - Windows Internet Explorer**

https://dmhisintra.co.la.ca.us/Home/ClientIdentification.aspx?id=ad01ba21-3585- County of Los Angeles [US]

File Edit View Favorites Tools Help

ClientIdentification

**Los Angeles COUNTY** DEPARTMENT OF MENTAL HEALTH Home Clinical Administrative Plan CIOB

**Client Info** ?

<b>Options</b>	<b>DMH ID :</b> 0123456		
Return	<b>Last Name :</b>	<b>First Name :</b>	<b>Middle :</b>
Find Client	<b>Birth Date :</b> 7/6/1930	<b>Age :</b> 81	<b>Gender :</b> Male
	<b>Address 1 :</b> Unknown	<b>Address 2 :</b>	
	<b>City :</b> UNKNOWN	<b>County :</b> UNKNOWN	
	<b>State :</b>	<b>Zip :</b> 00000	
	<b>Phone :</b>		
	<b>SSN :</b> 999999999	<b>Medi-Cal CIN :</b>	

If the information does not match or remotely have commonalities affiliated with the client you are working with, click “Return.” After you have clicked “Return,” you will have the information results from your initial search. If this is the information you are searching for, verify it for accuracy.

If you need to enroll or update the information for the client, you will need to go to the **Work Space**. To do so, click on the Administrative module.

ClientIdentification - Windows Internet Explorer

https://dmhisintra.co.la.ca.us/Home/ClientIdentification.aspx?id=ad01ba21-3585- County of Los Angeles [US]

File Edit View Favorites Tools Help

ClientIdentification

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical **Administrative** Plan CIOB

## Client Info

Options	DMH ID : 0123456		
Return	<b>Last Name :</b>	<b>First Name :</b>	<b>Middle :</b>
Find Client	<b>Birth Date :</b>	<b>Age : 81</b>	<b>Gender : Male</b>
	<b>Address 1 : Unknown</b>	<b>Address 2 :</b>	
	<b>City : UNKNOWN</b>	<b>County : UNKNOWN</b>	
	<b>State :</b>	<b>Zip : 00000</b>	
	<b>Phone :</b>		
	<b>SSN</b>	<b>Medi-Cal CIN :</b>	

# *The Work Space*

**The Work Space**

**The Client Tab**

**Filtering Data**

**The Eligibility Screen**

**Viewing Eligibility Status**

**Enrolling the Client**

**Updating Enrollment**

## The Work Space

**Work Space** ?

**Options**  
Change Provider  
Check Eligibility  
  
Filter By:  
(No Filter) ▾  
For:  
  
(All) ▾  
Apply  
  
Provide Feedback

**Client** Claim Authorization Archive  

D	M	M	D	Client	Provider	Date of Service	A
1							

This is the area where all claiming functions take place. The **Work Space** contains the following (4) tabs:

### Client –

The Client tab contains a list of clients receiving services at the service location. It also displays the status of eligibility checks for a client. From this tab, the provider can access eligibility and enrollment functions, as well as, initiate claim submissions.

### Claim –

The Claim tab controls the claiming process. From this tab, the provider can review claim information for submitted and incomplete claims, and check claim status.


### Authorization –

From the Authorization tab, the provider may review authorization requests for OTAR and Psychological testing.

## **Archive** –

The Archive tab contains all of the completed transactions from the other tabs that have been archived for future reference. Claims and Clients (eligibility checks) that are archived remain archived for 12 months.

## The Client Tab

**Work Space** 

**Options**  



---

Change Provider  

































































---

Check Eligibility  

---

  
Filter By:  
(No Filter)   
For:  
  
(All)   
**Apply**  
  
Provide Feedback

**Client** **Claim** **Authorization** **Archive**

				Client	Provider	Date of Service	A
						04/03/2005	
						04/03/2005	
						04/02/2005	
						04/02/2005	
						04/02/2005	
						04/01/2005	
						04/01/2005	
						04/01/2005	
						04/01/2005	
						04/01/2005	
						04/01/2005	
						04/01/2005	

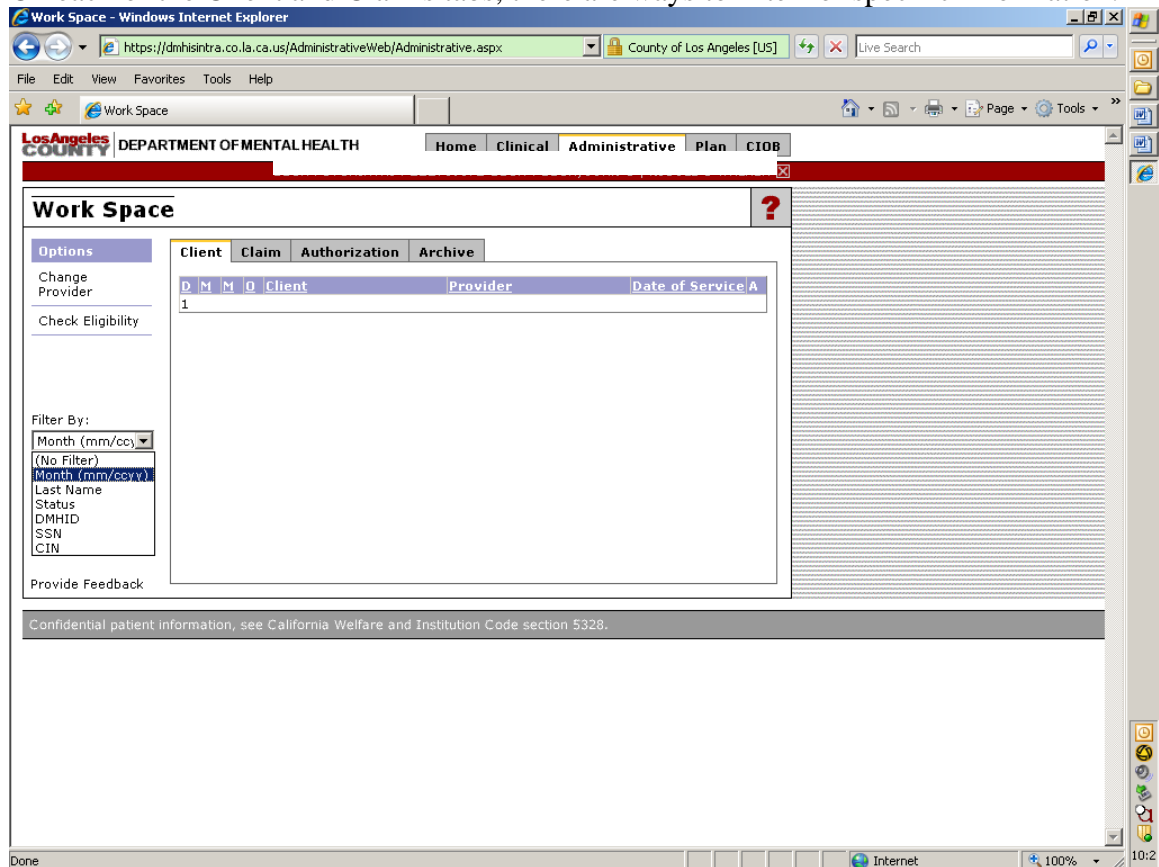
1 2 3 4 5 6 7 8 9 10 ...

The Client tab displays a list of all clients (per provider context) along with status information on eligibility requests that have previously been submitted.



## Filtering Data

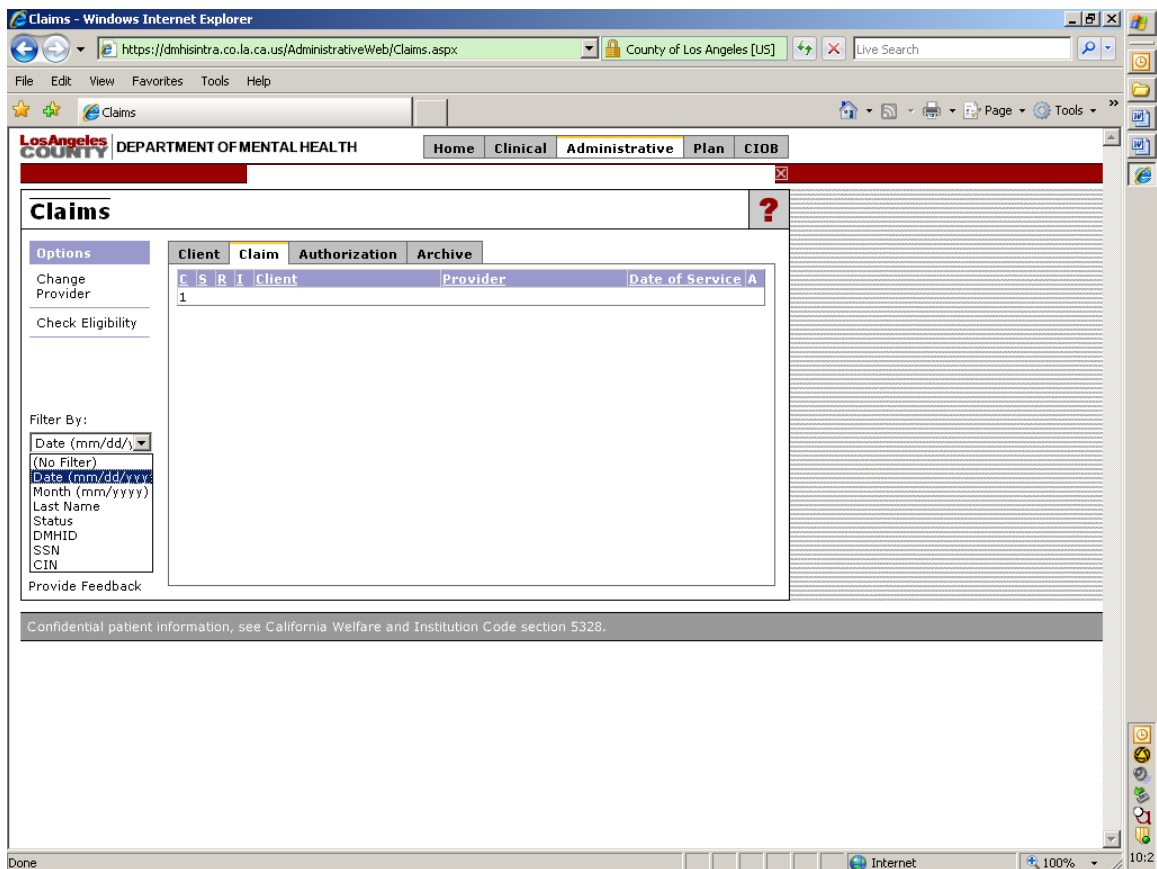
On each of the Client and Claims tabs, there are ways to filter for specific information.



### Filtering Eligibility Data

- (No Filter) – displays all client information
- Month: format (mm/yyyy)
- Last Name – enter the client’s last name in the For field.
- Status – when status is selected from the drop-down list, an additional drop-down list displays from which you must select
- All – displays all data
- Eligible – lists all clients that are DMH eligible, a green check displays in the first “D” column.
- Ineligible – lists all clients that are not DMH eligible, a red x displays in the first “D” column.
- Pending – lists all clients that have not received a response back from a DMH eligibility check. An open circle displays in the first “D” column.
- DMHID – enter the client’s DMHID into the For field.
- SSN – enter the client’s SSN into the For field.
- CIN – enter the client’s Medi-Cal number into the For field.

Click **Apply** after you have entered the required information for your filtering choice.



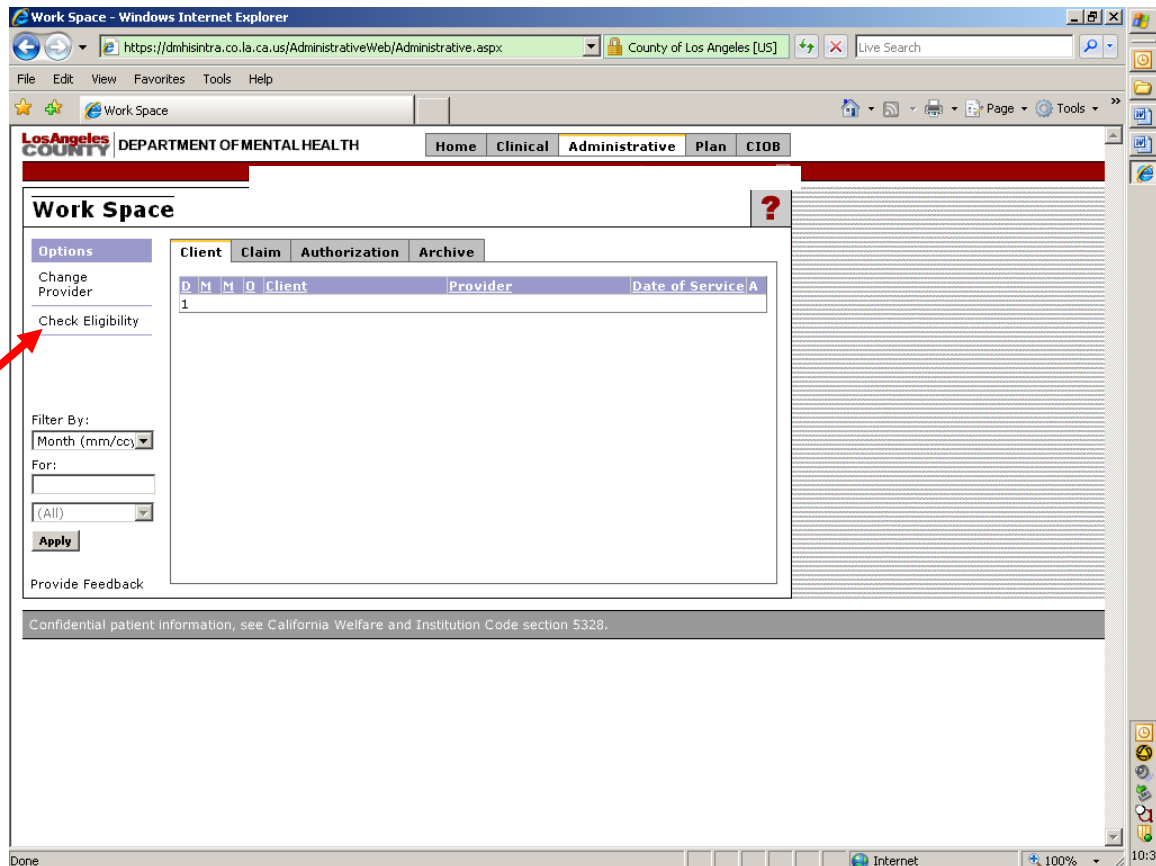
### Filtering Claim Data

- Select one of the Filter By options from the drop-down list.
- (No Filter)
- Date (mm/dd/yyyy)
- Month (mm/ccyy) – enter the month you wish to view into the For field (for example, 04/2005).
- Last Name – enter the client's last name in the For field.
- Status – when status is selected from the drop-down list, an additional drop-down list displays from which you must select one of the following All, Submitted, or Unsubmitted.
- DMHID – enter the client's DMHID into the For field.
- SSN – enter the client's SSN into the For field.
- CIN



Click **Apply** after you have entered the information for your filtering choice.

In order to determine if a client is enrolled at DMH for services, an eligibility check must be performed. An eligibility check is performed by accessing Check Eligibility from the Options list.

**Note:** You only need to do **ONE** eligibility check per client, per month no matter how many times in that month the client was seen. Either check for the 1<sup>st</sup> of the month or 1<sup>st</sup> date of service for the month.



### Column Headings Definitions

Column	Description
<b>D</b>	Eligibility Status for <b>DMH</b>
<b>M</b>	Eligibility Status for <b>Medi-Cal</b>
<b>M</b>	Eligibility Status for <b>Medicare</b>
<b>Q</b>	Eligibility Status for <b>Other Payers</b>
Client	Client Name
Provider	Provider Name
Date of Service	Date of Service
<b>A</b>	Take Action (Archive  . Start a <b>Claim</b> or <b>Authorization Request</b>  )

## The Eligibility Screen

**Eligibility** ?

**Options**  
Work Space

**Basic Eligibility** **Other Insurance** **Services**

First Name

Middle Name

Last Name

Address

Address 2

City

State

DMHID

Gender

Date of Service

Date of Birth

ZIP

Medicare ID

Medi-Cal CIN

Medi-Cal Card Issue Date

Social Security Number

Medi-Cal RIN

Medi-Cal Provider PIN

Submit

Provide Feedback

### **Required Fields**

First Name

Last Name

Gender

Date of Service (format: mm/dd/yyyy)

Date of Birth (format: mm/dd/yyyy)

Medi-Cal CIN (1<sup>st</sup> 9 characters only; i.e. 00000000A)

Social Security Number (format: xxx-xx-xxxx)

Medi-Cal Card Issue Date (format: mm/dd/yyyy)

Once you have entered all the required information, click Submit. You will then be sent back to the **Work Space** to review status of the eligibility.

#### **Notes:**

- 1) If you do not have the SSN#, use CIN + 0 in format xxx-xx-xxxx. (If CIN is 00000000A, SSN# should be entered as 000-00-0000)
- 2) Use the DMH ID if you have difficulty getting eligibility approval. See section “Find Client” for more details on getting the DMH ID.
- 3) Clients may show an outdated card though benefits are active.

### Viewing Eligibility Status

## Work Space

**Options**

---

Change Provider

---

Check Eligibility

---

Filter By:

(No Filter)

For:

(All)

**Apply**

				Client	Claim	Authorization	Archive
D	M	M	O	Client	Provider	Date of Service	A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/25/2011	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/07/2011	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/06/2011	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/06/2011	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/05/2011	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/05/2011	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/04/2011	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/04/2011	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/04/2011	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/04/2011	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/04/2011	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/04/2011	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/04/2011	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/04/2011	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/04/2011	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/04/2011	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/04/2011	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/04/2011	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/04/2011	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/04/2011	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/04/2011	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/04/2011	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/04/2011	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/04/2011	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/04/2011	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/04/2011	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/04/2011	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/04/2011	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/04/2011	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/04/2011	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/04/2011	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/04/2011	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/04/2011	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/04/2011	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/04/2011	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/04/2011	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/04/2011	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/04/2011	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/04/2011	
<input checked="" type="checkbox"/>							

Now you are able to determine the client's eligibility. If the client has previously been enrolled, the following applies:

- ☒ Indicates that eligibility request has been confirmed for that payer.
- ☒ Indicates that a response to the eligibility request has not yet been completed (Pending).  
An open circle under D, and green check under M, indicates a processing error with State system. Try again later if a second attempt also fails. If problem continues, contact Provider Relations at (213) 738-3311.
- ☒ Indicates that the eligibility request has been denied for that payer.
- ☐ Indicates an eligibility check was not done for that payer.

# *Enrolling a Client*

## Enrolling a Client

## Work Space

**?**

---

**Options**

Change Provider

---

Check Eligibility

---

Filter By:

(No Filter)

For:

(All)

**Apply**

Provide Feedback

				Client	Claim	Authorization	Archive
D	M	M	O	Client	Provider	Date of Service	A
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/25/2011	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/07/2011	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/06/2011	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/06/2011	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/05/2011	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/05/2011	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/04/2011	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/04/2011	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/04/2011	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/04/2011	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/04/2011	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/04/2011	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			03/31/2011	

1 [2](#) [3](#) [4](#) [5](#) [6](#) [7](#) [8](#) [9](#) [10](#) ...


In the event you receive a red “X” and an open circle, click on the red “X” to obtain additional information.

### Enrolling a Client (cont'd)

**Eligibility** ?


Options

Work Space

	Client Name	Date of Service	Information Source
 1		20110425	LAC DEPARTMENT OF MENTAL HEALTH



Provide Feedback

**Enroll Client**

If the “Enroll Client” button is available, this means the client has not been previously enrolled in DMH. Click on the  icon for more information and reason on the following screen.



## Enrolling a Client (cont'd)

Eligibility		 
<b>Options</b>	<b>Not Eligible</b>	
Work Space		
Return		
	<div>Information Source Received <b>2011-04-25</b> ID <b>953893470</b> Name <b>LAC DEPARTMENT OF MENTAL HEALTH</b> Client Information Name Birthdate Ineligibility Information Reason <b>Subscriber/Insured Not Found</b></div>	
<a href="#">Provide Feedback</a>		

If the reason is “Subscriber/Insured Not Found,” it is necessary to enroll the client. Click return to get back to the screen containing the “Enroll Client” button.

## Enrolling a Client (cont'd)

**Eligibility** ?

Options

Work Space

Provide Feedback

Client Name	Date of Service	Information Source
<div><div>1</div><div>1</div></div>	20110425	LAC DEPARTMENT OF MENTAL HEALTH

Enroll Client

Click on the “Enroll Client” button to initiate the process.

### Enrolling a Client (cont'd)

**Enrollment Request - Client** ?

**Options**  
Work Space

**Client** **Plan**

First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Middle Name \_\_\_\_\_ Gender Unknown ▾  
Last Name \_\_\_\_\_ Phone \_\_\_\_\_  
Income \_\_\_\_\_ Status Full-time ▾  
Address \_\_\_\_\_ SSN \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP \_\_\_\_\_  
☐ Medicare ☐ Medi-Cal Language \_\_\_\_\_ Ethnicity \_\_\_\_\_

Other Insurance

Payer Name	Payer ID
1	

Provide Feedback

**Continue**

The data on the screen is automatically populated from the data entered in the eligibility. All fields are required except *Income*, *Language* and *Ethnicity*. Always check the Medi-Cal box.

Once all the data is entered, click Continue.

Note:

- 1) For address, the information is required unless you entered it previously during the eligibility check. After client is enrolled, you do not have to enter address data for subsequent eligibility checks.
- 2) Better to use the version of CIN below in the SSN# field in order to easily locate the client later (i.e. CIN= 00000000A; SSN# = 000-00-0000)

## Enrolling a Client (cont'd)

The screen below denotes that you are enrolling the client into the MCF (Managed Care Plan).

**Enrollment Request - Plan** ?

Options  
Work Space

Client Plan

Plan Name	Effective Date	Termination Date
MCF	04/13/2005	

1

Provide Feedback

Continue

If you need to change the effective date, click the pencil to get to the following screen. If you choose not to change the effective date, click continue to proceed.

Enrollment Update - Plan Detail - Windows Internet Explorer

https://testdmhisintra.co.la.ca.us/AdministrativeWeb/834Update\_ProgramDetail.a County of Los Angeles [US] Live Search

File Edit View Favorites Tools Help

Enrollment Update - Plan Detail

**Enrollment Update - Plan Detail** ?

Options  
Return

Plan Name: MCF

Effective Date: 07/01/2002

Termination Date: 12/31/2020

Description: Managed Care Fund

Enrollment Criteria: Default payer for FFS provider match

Contact:

Provide Feedback

Save

Confidential patient information, see California Welfare and Institution Code section 5328.

Update the information and save. Effective Date must be first date of service for this provider. Do not change any other information. After clicking “save,” you are returned to the above screen which now shows the new enrollment date. Click continue.

The next screen displays the information you entered. Please verify that all information is correct before clicking the “Submit Enrollment Request” button. If you made an error, return to the WorkSpace and repeat enrollment steps.

**Enrollment Request**

Options  
Work Space

Client Plan

**Enrollment Confirmation**

Client Information

Name  
Birthdate  
Gender  
Address  
Phone

Employment Information

Status **Full-time**  
Income

If all data entry is correct, click the "Submit Enrollment Request" button.

**Submit Enrollment Request**

Provide Feedback

Once complete, this will send you to the **Work Space**, where you need to complete another eligibility to make sure the enrollment request was processed.

You will see one entry with a green check in D column and a circle. You will see another entry with 2 green checks. If you do not see an eligibility with two green checks, click the apply button until the two green checks appear. The eligibility with the two green checks is the only one that can be used in the “A” column for billing.

# *Updating Enrollment*

### Updating Enrollment

Once on the **Work Space**, click on one of the green checks next to the client for whom you want to update enrollment.

**Note: For EDI submitters, you will only see a green check in the “D” column.**

**Los Angeles**

COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

## Work Space

**Options**

- Change Provider
- Check Eligibility

Filter By:  
(No Filter) ▼  
  
For:  
  
(All) ▼  
Apply

				Client	Provider	Date of Service	A
D	M	M	O			04/25/2011	
		<input type="checkbox"/>	<input type="checkbox"/>			04/07/2011	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/06/2011	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/06/2011	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/05/2011	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/05/2011	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/04/2011	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/04/2011	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/04/2011	
<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			04/04/2011	
<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			04/04/2011	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/04/2011	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			03/31/2011	

1 2 3 4 5 6 7 8 9 10 ...

Provide Feedback

The following information will display for this client.

## Updating Enrollment (cont'd)

**Eligibility** ?

Options

Work Space

1

1

1

Client Name	Date of Service	Information Source
	20110406	MEDI-CAL
	20110406	LAC DEPARTMENT OF MENTAL HEALTH

Request Authorization

Update Enrollment

Provide Feedback

You can take a look at the information from DMH and Medi-Cal prior to updating enrollment, if you choose. If not, you can click on “Update Enrollment.”



## Updating Enrollment (cont'd)

Once again, the information automatically populates according to the information that was entered during the eligibility check.

**Enrollment Update - Client** ?

**Options**  
Work Space

**Client**

First Name  
Middle Name  
Last Name  
Address  
State  
Date of Birth  
Gender  
Phone  
SSN  
City  
ZIP

California

Male

LANCASTER

93535

Plan Name	Effective Date	Termination Date
MCF	07/01/2002	12/31/2020

1

Continue

Provide Feedback

If the plan information needs to be changed, click on the pencil to update the information.

**Enrollment Update - Plan Detail** ?

**Options**  
Return

Plan Name  
Effective Date  
Termination Date  
Description  
Enrollment Criteria  
Contact

MCF

07/01/2002

12/31/2020

Managed Care Fund

Default payer for FFS provider match

Save

Provide Feedback

Click Save to return to the Enrollment Update - Client screen.

## Updating Enrollment (cont'd)

**Enrollment Update - Client** ?

**Options**  
Work Space

**Client**

First Name  
Middle Name  
Last Name  
Address  
State  
Date of Birth  
Gender  
Phone  
SSN  
City  
ZIP

California

Male

LANCASTER

93535

Plan Name	Effective Date	Termination Date
MCF	07/01/2002	12/31/2020

1

Continue

Provide Feedback

Once all information is verified, click Continue.

## Updating Enrollment (cont'd)

The screenshot shows a web application titled "Enrollment Request". In the top right corner, there are icons for a printer and a help/question mark. On the left side, there is a sidebar with a tab labeled "Options" and a link "Work Space". Below the sidebar, there is a "Provide Feedback" link. The main content area has two tabs: "Client" (selected) and "Plan". Under the "Client" tab, there is a section titled "Enrollment Confirmation". This section contains two sub-sections: "Client Information" and "Employment Information". Under "Client Information", there are fields for Name, Birthdate, Gender, Address, and Phone. Under "Employment Information", there is a "Status" field with the value "Full-time" and an "Income" field. Below these fields, there is a text instruction: "If all data entry is correct, click the 'Submit Enrollment Request' button." At the bottom right of the form, there is a yellow button labeled "Submit Enrollment Request", which is circled in red.

Client	Plan
<b>Enrollment Confirmation</b>	
Client Information	
Name	
Birthdate	
Gender	
Address	
Phone	
Employment Information	
Status <b>Full-time</b>	
Income	
If all data entry is correct, click the "Submit Enrollment Request" button.	
<b>Submit Enrollment Request</b>	

Verify that all information is correct before clicking the "Submit Enrollment Request" button.

If all information is correct and you received two green checks on the eligibility, you are now ready to submit your claims for this client.

# *Claiming via Direct Data Entry*

Claiming with no other sources of funding  
(Medi-Cal Only)

Claiming with Other Insurance

Claiming with a TAR

Claiming for patients with Emergency-only Restricted  
Medi-Cal


Claiming for EPSDT patients

Claiming for patients with Pregnancy-Restricted Medi-Cal

Claiming for patients with a Share of Cost















## Submitting a Claim

Now that you have completed your eligibility and received two green checks, you are now ready to submit your claim.


**Work Space** 

**Options**  
Change Provider  
Check Eligibility  
  
Filter By:  
(No Filter)  
For:  
(All)  
**Apply**  
Provide Feedback

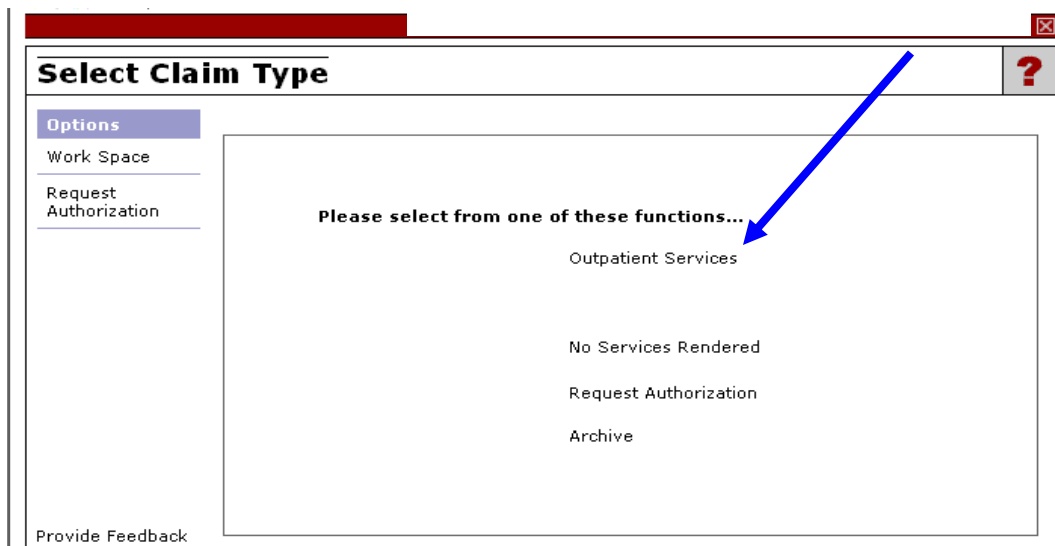
**Client** **Claim** **Authorization** **Archive**

D	M	M	O	Client	Provider	Date of Service	A
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/03/2005	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/03/2005	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/02/2005	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/02/2005	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/02/2005	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/01/2005	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/01/2005	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/01/2005	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/01/2005	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/01/2005	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/01/2005	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/01/2005	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/01/2005	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/01/2005	

[1](#) [2](#) [3](#) [4](#) [5](#) [6](#) [7](#) [8](#) [9](#) [10](#) ...

To begin the claim submission process, you will need to click on the page icon  in the A column.

## Submitting a Claim (cont'd)



Let's briefly discuss the functions displayed on this page.

- **Outpatient Services**  
Allows you to submit your claims
- **No Services Rendered**  
Allows you to denote services were not rendered on a date, which will then place the eligibility into Archive.
- **Request Authorization**  
This function is not used, as the OTAR system is how providers submit their authorization requests for over-threshold and psychological testing. For assistance, please contact Nathaniel Thomas (213) 738-2465.
- **Archive**  
Allows you to check the information you have selected for the system not to process or all partially processed claims you have archived. Ensure when archiving information to put a reason why the information is being archived.

**Click on “Outpatient Services” to submit a claim.**

*Claiming with no  
other sources of  
funding  
(Medi-Cal Only)*

## Submitting a Claim (cont'd)

Claiming with no other sources of funding (Medi-Cal only)

**Outpatient Claim** Client: ?

**Options**  
Work Space

**Services** Payer Client Provider Advanced

Facility Type 11 - Office

Client Amount Paid 0.00 ☐ EPSDT ☐ Emergent

Date of Service 03/01/2005

Delay Reason (If Applicable)

Procedure Code Modifiers

Service Unit Amount Service Unit Minutes

Submitted Charge Amount 0.00

Diagnosis Codes

Are there any other sources of funding? Yes **No**

Cancel

Provide Feedback

If the client only has Medi-Cal coverage, enter the information in all required fields and click “No.”

### Required Fields

**Note:** Client amount paid if applicable (See Share of Cost section)

Facility Type

Date of Service: This is the date of service you entered on eligibility check. Change it to correct date. If this is 2<sup>nd</sup> (or more billing) for month, the entry will be the last claim date. Change it to current claim date.

Delay Reason: if applicable.

Procedure Code: (i.e. 90801, 90806, 90847) The magnifying glass icon gives a list codes from which to select.

Service Unit Amount: (i.e. 45, 60)



Service Unit: Service Unit is always minutes – **do not change to units**

Submitted Charge Amount: If you enter \$ amount, the system will add the decimal and 2 zeroes.

Diagnosis Codes: The magnifying glass icon gives a list of codes (without period)




### Submitting a Claim (cont'd)

**Services Claim Confirmation**Client: John Doe

**Options**  
Work Space

Services	Payer	Client	Provider	Advanced
Rendering Provider				
Name John Doe				
Claim Details				
Date <b>04/07/2005</b>				
Claim ID				
Procedure <b>99999</b>				
Rate <b>0.00</b>				
Units <b>99</b>				
Patient Paid <b>0.00</b>				
Total <b>0.00</b>				
Submitted				

If all data entry is correct, click the "Submit Claim" button.

Provide Feedback

Verify that all data on this screen is correct and click the "Submit Claim" button. Your claim has been submitted.

Return to Work Space and begin over.

### Submitting a Claim (cont'd)

Submit Additional Claim	
<div>Options</div> <div>Work Space</div>	
Do you want to submit another claim for this client?    Yes   No	

If you have other days of service in the same month for the same client, you can click “Yes” and continue submitting claims. However, if you have more claims, but for a different month, you will need to enter eligibilities for the other months before you can submit claims for those months. Clicking “No” will return you to the **Work Space**.

When you click yes, you will return to screen which shows “Date of Service” as last date you just entered. Change this date to the proper date. The diagnosis code is carried forward from the last claim. If you made a diagnosis change, put correct information here.

# *Claiming with Other Insurance*

**Disclaimer:**

**If a client eligibility transaction reveals that the client has OHC, providers must bill the OHC before submitting a claim to Medi-Cal. If the claim is denied by the OHC, the provider must retain a copy of the denial letter that must include the coverage termination date or dates of service not covered. The documentation is to be retained for up to one year from the denial document date. If applicable, enter the OHC information by selecting “Yes” to the question “Are there any other sources of funding” located on the Administrative Module in the Outpatient Claim, Services Tab.**

## Submitting a Claim (cont'd)

### Claiming with Other Insurance

If your client has other types of insurance such as Kaiser, Medicare, or other Private Insurance, follow the procedure below to submit claims.

**Outpatient Claim** Client: ?

**Options**  
Work Space

**Services** **Payer** **Client** **Provider** **Advanced**

Facility Type: 11 - Office

Client Amount Paid: 0.00 ☐ EPSDT ☐ Emergent

Date of Service: 03/01/2005

Delay Reason: (If Applicable)

Procedure Code: Modifiers:

Service Unit Amount:  Service Unit: Minutes

Submitted Charge Amount: 0.00

Diagnosis Codes:

Are there any other sources of funding? **Yes** No

Cancel

Provide Feedback

Enter the information in all required fields and click “Yes” to enter the information for the other insurance carrier.

### Required Fields

**Note:** Client amount paid if applicable (See Share of Cost section)

Facility Type

Date of Service: This is the date of service you entered on eligibility check. Change it to correct date. If this is 2<sup>nd</sup> (or more billing) for month, the entry will be the last claim date. Change it to current claim date.

Delay Reason: if applicable.

Procedure Code: (i.e. 90801, 90806, 90847) The magnifying glass icon gives a list codes from which to select.

Service Unit Amount: (i.e. 45, 60)

Service Unit: Service Unit is always minutes – **do not change to units**

Submitted Charge Amount: If you enter \$ amount, the system will add the decimal and 2 zeroes.

Diagnosis Codes: The magnifying glass icon gives a list of codes (without period)

### Submitting a Claim (cont'd)

# Outpatient Claim

Client:

?

Options

Work Space

Services

Payer

Client

Provider

Advanced

☒ Los Angeles County Department of Mental Health
 

Plan	Description	Authorization	
MCF-01			
1			

☐ Other Payer Amt Pd 
☐ Medicare Amt Pd 
☒ Medi-Cal EVC

Subscriber Name	Subscriber ID	Insurance Company	Amount	
1				

Continue

Provide Feedback

Select the “Other Payer” indicator box and then select the blue “+” sign to enter the other health insurance information.

A message box pops up:

“If other payer has not yet paid this claim, this claim cannot be paid until the other payer adjudication information has been entered.” Click OK.

### Submitting a Claim (cont'd)

**Services Claim - Outpatient - Insurance**

Options

Return

Subscriber First Name

Subscriber Last Name

Subscriber ID

Insurance Company

Amount Paid

Authorization Number

Other Insurance

0.00

☒ Client is Subscriber

Relationship

Address 1

Address 2

City

State

Zip

Self

DOB

Gender

Unknown

OK

Provide Feedback

Enter the information that is applicable. If the other insurance carrier paid any amount of the claim, that information must be entered before you can submit the claim to Medi-Cal.

**Note:** It is required to bill the other insurance carrier before submitting a claim to Medi-Cal.

**Subscriber ID** – The ID provided by the Other Insurance. If the client has Medicare, it is the client’s Medicare ID, not Medi-Cal ID. If the client has private insurance (i.e. Kaiser), the Subscriber ID is the client’s Kaiser number.

**Insurance Company** – This is defaulted as “Other Insurance.” There are no other options so this space remains as “Other Insurance.”

**Authorization number** – This is the number provided by the insurance carrier similar to when you run a Medi-Cal eligibility and the EVC number is provided.

**“Client is Subscriber”** – In most cases, the client is the subscriber. If so, ensure the box is checked and then continue with the rest of the process.

Once all applicable information is entered, click “OK.”

The message box pops up again:

“If other payer has not yet paid this claim, this claim cannot be paid until the other payer adjudication information has been entered.” Click OK.

## Submitting a Claim (cont'd)

**Outpatient Claim**Client: John Doe?

**Options**  
Work Space

**Services****Payer****Client****Provider****Advanced**

☒ Los Angeles County Department of Mental Health

Plan	Description	Authorization
MCF-01		

1

☐ Other Payer Amt Pd ☐ Medicare Amt Pd ☒ Medi-Cal EVC

Subscriber Name	Subscriber ID	Insurance Company	Amount
John Doe	555555555	Other Insurance	0.00

1

Continue

Provide Feedback

The information you entered about the other insurance carrier can now be seen on this screen. Click on the “Other Payer” box and re-enter the amount paid. Verify the information and click “Continue.”

**Note:** If Medicare is the other insurance, make sure to select the Medicare box and enter the amount paid.

If the plan information needs to be changed, follow the instructions on the following page.



If you need to change the effective date, click the pencil icon.

## Outpatient Claim

Client: John Doe

Options

Work Space

Services

Payer

Client

Provider

Advanced

☒ Los Angeles County Department of Mental Health
 

Plan	Description	Authorization
MCF-01		

☐ Other Payer Amt Pd 0.00
 ☐ Medicare Amt Pd 0.00
 ☒ Medi-Cal EVC

Subscriber Name	Subscriber ID	Insurance Company	Amount
John Doe	555555555	Other Insurance	0.00

Provide Feedback

Continue

Enrollment Update - Plan Detail - Windows Internet Explorer

[https://testdmhisintra.co.la.ca.us/AdministrativeWeb/834Update\\_ProgramDetail.a](https://testdmhisintra.co.la.ca.us/AdministrativeWeb/834Update_ProgramDetail.a)

County of Los Angeles [US]

File Edit View Favorites Tools Help

Enrollment Update

Los Angeles COUNTY

DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

## Enrollment Update - Plan Detail

Options

Return

Plan Name

MCF

Effective Date

07/01/2002

Termination Date

12/31/2020

Description

Managed Care Fund

Enrollment Criteria

Default payer for FFS provider match

Contact

Provide Feedback

Save

Effective date must be the first date of service for this provider. Update the information and save. Do not change any other information.

After clicking “save,” you are returned to the screen below which will show the new enrollment date within the area surrounded by the red circle. Click continue to proceed.

## Outpatient Claim

Client: John Doe

?

Options

Work Space

Services

Payer

Client

Provider

Advanced

☒ Los Angeles County Department of Mental Health

Plan	Description	Authorization	
<input checked="" type="checkbox"/> MCF-01			<input checked="" type="checkbox"/>

1

☐ Other Payer Amt Pd

☐ Medicare Amt Pd

☒ Medi-Cal EVC

Subscriber Name	Subscriber ID	Insurance Company	Amount	
John Doe	555555555	Other Insurance	0.00	

1

Continue

Make sure this box is selected

Provide Feedback

### Submitting a Claim (cont'd)



Outpatient Claim		Client:	?		
<b>Options</b>	<b>Services</b>	<b>Payer</b>	<b>Client</b>	<b>Provider</b>	<b>Advanced</b>
Work Space	<div>First Name <input type="text"/></div> <div>Middle Name <input type="text"/></div> <div>Last Name <input type="text"/></div> <div>Address <input type="text"/></div> <div>Address 2 <input type="text"/></div> <div>City <input type="text" value="GARDENA"/></div> <div>State <input type="text" value="CA"/></div> <div>ZIP <input type="text" value="90249"/></div> <div>Medicare ID <input type="text"/></div> <div>Medi-Cal ID <input type="text"/></div> <div>Medi-Cal RIN <input type="text"/></div>				
Provide Feedback	<div>Submit</div>				

The client's information will automatically populate on this screen. If the client has Medicare coverage, make sure to enter the Medicare ID on this screen. Verify the information is correct and click "Submit."

### Submitting a Claim (cont'd)

**Services Claim Confirmation**

Client: John Doe



**Options**  
Work Space

Services	Payer	Client	Provider	Advanced
Rendering Provider				
Name John Doe				
Claim Details				
Date <b>04/07/2005</b>				
Claim ID				
Procedure <b>99999</b>				
Rate <b>0.00</b>				
Units <b>99</b>				
Patient Paid <b>0.00</b>				
Total <b>0.00</b>				
Submitted				

If all data entry is correct, click the "Submit Claim" button.

**Submit Claim**

Provide Feedback

Verify that all data on this screen is correct and click the "Submit Claim" button. Your claim has been submitted.

Return to Work Space and begin again.

### Submitting a Claim (cont'd)

Submit Additional Claim	
<div>Options</div> <div>Work Space</div>	
Do you want to submit another claim for this client?    Yes   No	

If you have other days of service in the same month for the same client, you can click “Yes” and continue submitting claims. However, if you have more claims, but for a different month, you will need to enter eligibilities for the other months before you can submit claims for those months. Clicking “No” will return you to the **Work Space**.

When you click yes, you will return to screen which shows “Date of Service” as last date you just entered. Change this date to proper date. The diagnosis code is carried forward from last claim. If you made a diagnosis change, put the correct information here.

*Claiming with a TAR*

## Submitting a Claim (cont'd)

### Claiming with a TAR

Treatment Authorization Requests (TARs) are applicable when clients are seen in an inpatient facility, or if the client will be seen more than eight (8) times during a trimester, or psychological testing has been rendered.

**Outpatient Claim** Client: ?

**Options**  
Work Space

**Services** **Payer** **Client** **Provider** **Advanced**

Facility Type: 11 - Office

Client Amount Paid: 0.00 ☐ EPSDT ☐ Emergent

Date of Service: 03/01/2005

Delay Reason: (If Applicable)

Procedure Code: Modifiers:

Service Unit Amount:  Service Unit: Minutes

Submitted Charge Amount: 0.00

Diagnosis Codes:

Are there any other sources of funding? **Yes** No

Cancel

Provide Feedback

Enter the information in all required fields and click “Yes” to enter the TAR information.

### Required Fields

**Note:** Client amount paid if applicable (See Share of Cost section)

Facility Type

Date of Service: This is the date of service you entered on eligibility check. Change it to correct date. If this is 2<sup>nd</sup> (or more billing) for month, the entry will be the last claim date. Change it to current claim date.

Delay Reason: if applicable.

Procedure Code: (i.e. 90801, 90806, 90847) The magnifying glass icon gives a list codes from which to select.

Service Unit Amount: (i.e. 45, 60)

Service Unit: Service Unit is always minutes – **do not change to units**

Submitted Charge Amount: If you enter \$ amount, the system will add the decimal and 2 zeroes.

Diagnosis Codes: The magnifying glass icon gives a list of codes (without period)

Submitting a Claim (cont'd)

**Outpatient Claim**

Client:

?

Options

Work Space

Services



Payer

Client

Provider

Advanced

☒ Los Angeles County Department of Mental Health

Plan	Description	Authorization	
MCF-01			 
1			

☐ Other Payer Amt Pd  ☐ Medicare Amt Pd  ☒ Medi-Cal EVC

Subscriber Name	Subscriber ID	Insurance Company	Amount	
1				

Continue

Provide Feedback

To enter the TAR information, click on the pencil icon.



Submitting a Claim (cont'd)

**Services Claim - Outpatient - Plan**Client: ?

Options

Return

Plan

MCF

Plan Order

01

Description

Authorization Number

OK

Provide Feedback

On this screen, enter the TAR number in the “Authorization Number” field. Although there is a pull-down associated with “Plan Order” you can leave it to the default shown on screen.



### Submitting a Claim (cont'd)

**Outpatient Claim**Client:?


**Options**  
Work Space

**Services****Payer****Client****Provider****Advanced**

☒ Los Angeles County Department of Mental Health

Plan	Description	Authorization	
 MCF-01		9219999995	
1			

☐ Other Payer Amt Pd  ☐ Medicare Amt Pd  ☒ Medi-Cal EVC



Subscriber Name	Subscriber ID	Insurance Company	Amount
			
1			

[Provide Feedback](#)

**Continue**

As you can see, the TAR number has been displayed. Verify the TAR number is correct and then click “Continue” to proceed.

### Submitting a Claim (cont'd)

**Services Claim Confirmation**Client: John Doe

**Options**  
Work Space  
Provide Feedback

Services	Payer	Client	Provider	Advanced
Rendering Provider				
Name John Doe				
Claim Details				
Date <b>04/07/2005</b>				
Claim ID				
Procedure <b>99999</b>				
Rate <b>0.00</b>				
Units <b>99</b>				
Patient Paid <b>0.00</b>				
Total <b>0.00</b>				
Submitted				

If all data entry is correct, click the "Submit Claim" button.

**Submit Claim**

Verify that all data on this screen is correct and click the "Submit Claim" button. Your claim has been submitted.

Return to Work Space and begin again.

### Submitting a Claim (cont'd)

Submit Additional Claim	
Options	
Work Space	
Do you want to submit another claim for this client?    Yes   No	

If you have other days of service in the same month for the same client, you can click “Yes” and continue submitting claims. However, if you have more claims, but for a different month, you will need to enter eligibilities for the other months before you can submit claims for those months. Clicking “No” will return you to the **Work Space**.

When you click yes, you will return to screen which shows “Date of Service” as last date you just entered. Change this date to proper date. The diagnosis code is carried forward from last claim. If you made a diagnosis change, put the correct information here.

*Claiming for clients  
with Emergency-Only  
Restricted Medi-Cal*

## Submitting a Claim (cont'd)

### Clients with Emergency-Only Restricted Medi-Cal

**Outpatient Claim** Client: ?

**Options**  
Work Space

**Services** **Payer** **Client** **Provider** **Advanced**

Facility Type: 11 - Office

Client Amount Paid: 0.00 ☐ EPSDT ☐ Emergent

Date of Service: 03/01/2005

Delay Reason: (If Applicable)

Procedure Code: Modifiers:

Service Unit Amount:  Service Unit: Minutes

Submitted Charge Amount: 0.00

Diagnosis Codes:

Are there any other sources of funding? Yes **No**

Cancel

Provide Feedback

Enter the information in all required fields and click “No” for “Are there any other sources of funding?”

### **Required Fields**

**Note:** Client amount paid if applicable (See Share of Cost section)

Facility Type

Date of Service: This is the date of service you entered on eligibility check. Change it to correct date. If this is 2<sup>nd</sup> (or more billing) for month, the entry will be the last claim date.

Change it to current claim date.

Delay Reason: if applicable.

Procedure Code: (i.e. 90801, 90806, 90847) The magnifying glass icon gives a list codes from which to select.

Service Unit Amount: (i.e. 45, 60)

Service Unit: Service Unit is always minutes – **do not change to units**

Submitted Charge Amount: If you enter \$ amount, the system will add the decimal and 2 zeroes.



Diagnosis Codes: The magnifying glass icon gives a list of codes (without period)

**To denote this client has emergency-only restricted Medi-Cal, check the “Emergent” box.**

### Submitting a Claim (cont'd)

**Services Claim Confirmation**

Client: John Doe



**Options**  
Work Space

Services	Payer	Client	Provider	Advanced
Rendering Provider				
Name John Doe				
Claim Details				
Date <b>04/07/2005</b>				
Claim ID				
Procedure <b>99999</b>				
Rate <b>0.00</b>				
Units <b>99</b>				
Patient Paid <b>0.00</b>				
Total <b>0.00</b>				
Submitted				

If all data entry is correct, click the "Submit Claim" button.

**Submit Claim**

Provide Feedback

Verify that all data on this screen is correct and click the "Submit Claim" button. Your claim has been submitted.

Return to Work Space and begin again.

### Submitting a Claim (cont'd)

Submit Additional Claim	
<div>Options</div> <div>Work Space</div>	
Do you want to submit another claim for this client?    Yes   No	

If you have other days of service in the same month for the same client, you can click “Yes” and continue submitting claims. However, if you have more claims, but for a different month, you will need to enter eligibilities for the other months before you can submit claims for those months. Clicking “No” will return you to the **Work Space**.

When you click yes, you will return to screen which shows “Date of Service” as last date you just entered. Change this date to proper date. The diagnosis code is carried forward from last claim. If you made a diagnosis change, put the correct information here.



# *Claiming for EPSDT clients*

## Submitting a Claim (cont'd)

### EPSDT clients

Check aid codes on all children. All EPSDT codes for children 0-20 must be billed in this manner.

In order for a client to be classified as EPSDT, they must meet all (3) of the following criteria:

1. The aid code denotes the client is EPSDT eligible. (Aid codes can be found on the Medi-Cal website: [http://www.dmh.ca.gov/MedCCC/docs/SD2/SD\\_II\\_Master\\_DMH-ADP\\_02-28-2011.pdf](http://www.dmh.ca.gov/MedCCC/docs/SD2/SD_II_Master_DMH-ADP_02-28-2011.pdf))
2. The client has been screened and meets medical necessity criteria.
3. The client is Medi-Cal eligible and between the ages of 0- 20 years of age.

**Outpatient Claim** Client: ?

**Options**  
Work Space

**Services** **Payer** **Client** **Provider** **Advanced**

Facility Type: 11 - Office

Client Amount Paid: 0.00 ☐ EPSDT ☐ Emergent

Date of Service: 03/01/2005

Delay Reason: (If Applicable)

Procedure Code:  Modifiers:

Service Unit Amount:  Service Unit: Minutes

Submitted Charge Amount: 0.00

Diagnosis Codes:

Are there any other sources of funding? **Yes** No

Cancel

Provide Feedback

Although there is an EPSDT checkbox, **DO NOT** click the box.

Enter the information in all required fields and click “Yes” for “Are there any other sources of funding?”

### Required Fields

**Note:** Client amount paid if applicable (See Share of Cost section)

#### Facility Type

Date of Service: This is the date of service you entered on eligibility check. Change it to correct date. If this is 2<sup>nd</sup> (or more billing) for month, the entry will be the last claim date. Change it to current claim date.

Delay Reason: if applicable.

Procedure Code: (i.e. 90801, 90806, 90847) The magnifying glass icon gives a list codes from which to select.

Service Unit Amount: (i.e. 45, 60)

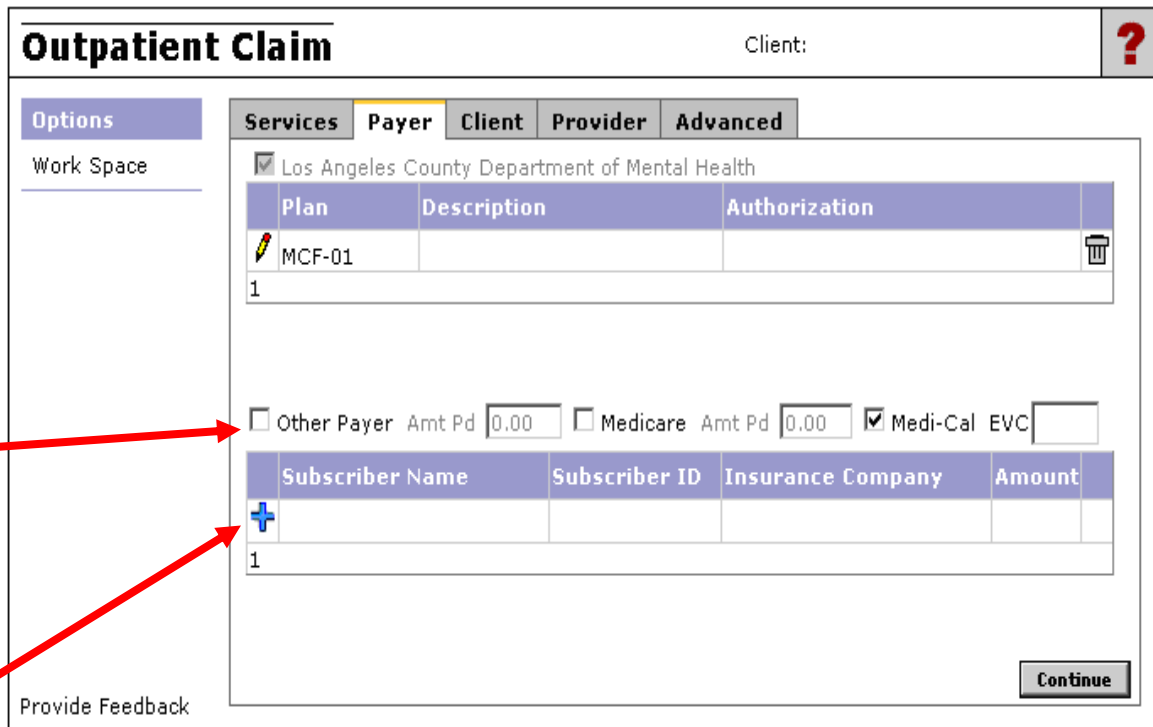
Service Unit: Service Unit is always minutes – **do not change to units**

Submitted Charge Amount: If you enter \$ amount, the system will add the decimal and 2 zeroes.

Diagnosis Codes: The magnifying glass icon gives a list of codes (without period)

## Submitting a Claim (cont'd)

On this screen, you will be able to enter the EPSDT information.



The screenshot shows the 'Outpatient Claim' form. The 'Payer' tab is selected. The form includes a table for 'Los Angeles County Department of Mental Health' with columns 'Plan', 'Description', and 'Authorization'. Below this, there are checkboxes for 'Other Payer', 'Medicare', and 'Medi-Cal'. The 'Other Payer' checkbox is highlighted with a red arrow. Below the checkboxes is a table with columns 'Subscriber Name', 'Subscriber ID', 'Insurance Company', and 'Amount'. A blue '+' sign is in the first row of this table, highlighted with another red arrow. The form also has a 'Continue' button and a 'Provide Feedback' link.

Plan	Description	Authorization
MCF-01		

1

☐ Other Payer Amt Pd 0.00 ☐ Medicare Amt Pd 0.00 ☒ Medi-Cal EVC

Subscriber Name	Subscriber ID	Insurance Company	Amount

1

Continue

Select the “Other Payer” indicator box and then click the blue “+” sign to enter the EPSDT information.

A message box pops up:

“If other payer has not yet paid this claim, this claim cannot be paid until the other payer adjudication information has been entered.” Click OK.

### Submitting a Claim (cont'd)

On this screen, you will enter “ETREF” in the “Subscriber ID” field to identify EPSDT status.

**Please Note:** ETREF must be in caps.

No other information needs to be entered on this page. Click “OK.”

The screenshot shows a web form titled "Services Claim - Outpatient - Insurance" with a help icon (?) in the top right corner. On the left, there is a sidebar with an "Options" section containing a "Return" link. The main form area contains the following fields and controls:

- Subscriber First Name: Text input field
- Subscriber Last Name: Text input field
- Subscriber ID: Text input field (highlighted by a red arrow)
- Insurance Company: Dropdown menu with "Other Insurance" selected
- Amount Paid: Text input field with "0.00" entered
- Authorization Number: Text input field
- ☒ Client is Subscriber
- Relationship: Dropdown menu with "Self" selected
- Address 1: Text input field
- Address 2: Text input field
- City: Text input field
- State: Dropdown menu
- Zip: Text input field
- DOB: Text input field
- Gender: Dropdown menu with "Unknown" selected
- OK: Button

At the bottom left of the form, there is a "Provide Feedback" link.

The message box pops up again:

“If other payer has not yet paid this claim, this claim cannot be paid until the other payer adjudication information has been entered.” Click OK.

The following screen summarizes client information. If correct, click “submit”

**Los Angeles**  
**COUNTY**

DEPARTMENT OF MENTAL HEALTH

Home

Clinical

Administrative

Plan

CIOB

**Outpatient Claim**

Client:

?

Options

Work Space

Services

Payer

Client

Provider

Advanced

First Name

Middle Name

Last Name

Address

Address 2

City

Covina

State

CA

ZIP

91723

Medicare ID

Medi-Cal ID

Medi-Cal RIN

Submit

Provide Feedback

### Submitting a Claim (cont'd)

On this screen, the EPSDT status will be seen next to the blue “+.”

**Outpatient Claim**Client:?

**Options**  
Work Space

**Services****Payer****Client****Provider****Advanced**

☒ Los Angeles County Department of Mental Health

Plan	Description	Authorization	
MCF-01			
1			

☐ Other Payer Amt Pd  ☐ Medicare Amt Pd  ☒ Medi-Cal EVC



Subscriber Name	Subscriber ID	Insurance Company	Amount
1			

Provide Feedback

Continue

If all the information is correct on this page, click continue.

### Submitting a Claim (cont'd)

**Services Claim Confirmation**Client: John Doe

**Options**  
Work Space  
Provide Feedback

Services	Payer	Client	Provider	Advanced
Rendering Provider				
Name John Doe				
Claim Details				
Date <b>04/07/2005</b>				
Claim ID				
Procedure <b>99999</b>				
Rate <b>0.00</b>				
Units <b>99</b>				
Patient Paid <b>0.00</b>				
Total <b>0.00</b>				
Submitted				

If all data entry is correct, click the "Submit Claim" button.

**Submit Claim**

Verify that all data on this screen is correct and click the "Submit Claim" button. Your claim has been submitted.

Return to Work Space and begin again.



### Submitting a Claim (cont'd)

Submit Additional Claim	
<div>Options</div> <div>Work Space</div>	
Do you want to submit another claim for this client?    Yes   No	

If you have other days of service in the same month for the same client, you can click “Yes” and continue submitting claims. You will have to repeat the entire EPSDT process for each claim date. However, if you have more claims, but for a different month, you will need to enter eligibilities for the other months before you can submit claims for those months. Clicking “No” will return you to the **Work Space**.

When you click yes, you will return to screen which shows “Date of Service” as last date you just entered. Change this date to proper date. The diagnosis code is carried forward from last claim. If you made a diagnosis code change, put the correct information here.

*Claiming for patients  
with Pregnancy-  
Restricted Medi-Cal*

## Submitting a Claim (cont'd)

### Pregnancy-Restricted Medi-Cal

**Outpatient Claim** Client: ?

**Options**  
Work Space

**Services** **Payer** **Client** **Provider** **Advanced**

Facility Type: 11 - Office

Client Amount Paid: 0.00 ☐ EPSDT ☐ Emergent

Date of Service: 03/01/2005

Delay Reason: (If Applicable)

Procedure Code: Modifiers:

Service Unit Amount:  Service Unit: Minutes

Submitted Charge Amount: 0.00

Diagnosis Codes:

Are there any other sources of funding? **Yes** No

Cancel

Provide Feedback

Enter the information in all required fields and select “Yes” for “Are there any other sources of funding?”

### Required Fields

**Note:** Client amount paid if applicable (See Share of Cost section)

Facility Type

Date of Service: This is the date of service you entered on eligibility check. Change it to correct date. If this is 2<sup>nd</sup> (or more billing) for month, the entry will be the last claim date. Change it to current claim date.

Delay Reason: if applicable.

Procedure Code: (i.e. 90801, 90806, 90847) The magnifying glass icon gives a list codes from which to select.

Service Unit Amount: (i.e. 45, 60)

Service Unit: Service Unit is always minutes – **do not change to units**

Submitted Charge Amount: If you enter \$ amount, the system will add the decimal and 2 zeroes.

Diagnosis Codes: The magnifying glass icon gives a list of codes (without period)

### Submitting a Claim (cont'd)

On this screen, you will be able to enter the Pregnancy information.

**Outpatient Claim**

Client: ?

**Options**  
Work Space

**Services** **Payer** **Client** **Provider** **Advanced**

☒ Los Angeles County Department of Mental Health

Plan	Description	Authorization	
MCF-01			
1			

☐ Other Payer Amt Pd  ☐ Medicare Amt Pd  ☒ Medi-Cal EVC

Subscriber Name	Subscriber ID	Insurance Company	Amount
1			

Continue

Provide Feedback

Select the “Other Payer” indicator box and then click the blue “+” sign to enter the Pregnancy information.

### Submitting a Claim (cont'd)

On this screen, you will enter “PG” in the “Subscriber ID” field to identify Pregnancy status.

**Please Note:** PG must be in caps.

No other information needs to be entered on this page. Click “OK.”

**Services Claim - Outpatient - Insurance**

**Options**  
Return

Subscriber First Name

Subscriber Last Name

Subscriber ID

Insurance Company

Amount Paid

Authorization Number

Other Insurance

0.00

☒ Client is Subscriber

Relationship

Address 1

Address 2

City

State

Zip

DOB

Gender

Unknown

OK

Provide Feedback

### Submitting a Claim (cont'd)

On this screen, the Pregnancy status will be seen next to the blue “+.”

**Outpatient Claim**Client:?

**Options**  
Work Space

**Services****Payer****Client****Provider****Advanced**

☒ Los Angeles County Department of Mental Health

Plan	Description	Authorization
MCF-01		

1

☐ Other Payer Amt Pd  ☐ Medicare Amt Pd  ☒ Medi-Cal EVC

Subscriber Name	Subscriber ID	Insurance Company	Amount



1

Provide Feedback

Continue

Click continue.

### Submitting a Claim (cont'd)

Services Claim Confirmation		Client: John Doe	 										
Options													
Work Space													
<table border="1"> <thead> <tr> <th>Services</th> <th>Payer</th> <th>Client</th> <th>Provider</th> <th>Advanced</th> </tr> </thead> <tbody> <tr> <td colspan="5"> <div> <div>Rendering Provider</div> <div>Name John Doe</div> <div>Claim Details</div> <div>Date <b>04/07/2005</b></div> <div>Claim ID</div> <div>Procedure <b>99999</b></div> <div>Rate <b>0.00</b></div> <div>Units <b>99</b></div> <div>Patient Paid <b>0.00</b></div> <div>Total <b>0.00</b></div> <div>Submitted</div> </div> </td> </tr> </tbody> </table>		Services	Payer	Client	Provider	Advanced	<div> <div>Rendering Provider</div> <div>Name John Doe</div> <div>Claim Details</div> <div>Date <b>04/07/2005</b></div> <div>Claim ID</div> <div>Procedure <b>99999</b></div> <div>Rate <b>0.00</b></div> <div>Units <b>99</b></div> <div>Patient Paid <b>0.00</b></div> <div>Total <b>0.00</b></div> <div>Submitted</div> </div>						
Services	Payer	Client	Provider	Advanced									
<div> <div>Rendering Provider</div> <div>Name John Doe</div> <div>Claim Details</div> <div>Date <b>04/07/2005</b></div> <div>Claim ID</div> <div>Procedure <b>99999</b></div> <div>Rate <b>0.00</b></div> <div>Units <b>99</b></div> <div>Patient Paid <b>0.00</b></div> <div>Total <b>0.00</b></div> <div>Submitted</div> </div>													
<p>If all data entry is correct, click the "Submit Claim" button.</p>		<input type="button" value="Submit Claim"/>											

Verify that all data on this screen is correct and click the “Submit Claim” button. Your claim has been submitted.

Return to Work Space and begin again.

### Submitting a Claim (cont'd)

Submit Additional Claim	
<div>Options</div> <div>Work Space</div>	
Do you want to submit another claim for this client?    Yes   No	

If you have other days of service in the same month for the same client, you can click “Yes” and continue submitting claims. However, if you have more claims, but for a different month, you will need to enter eligibilities for the other months before you can submit claims for those months. Clicking “No” will return you to the **Work Space**.

When you click yes, you will return to screen which shows “Date of Service” as last date you just entered. Change this date to proper date. The diagnosis code is carried forward from last claim. If you made a diagnosis change, put the correct information here.



*Claiming for patients  
with a Share of Cost*

## Submitting a Claim (cont'd)

### Share of Cost

**Outpatient Claim** Client: ?

**Options**  
Work Space

**Services** **Payer** **Client** **Provider** **Advanced**

Facility Type: 11 - Office

**Client Amount Paid**: 0.00 ☐ EPSDT ☐ Emergent

Date of Service: 03/01/2005

Delay Reason: (If Applicable)

Procedure Code:  Modifiers:

Service Unit Amount:  Service Unit: Minutes

Submitted Charge Amount: 0.00

Diagnosis Codes:

Are there any other sources of funding? Yes ☐ **No** ☒

Cancel

Provide Feedback

Enter the information in all required fields and select “No” for “Are there any other sources of funding?” **Be sure to clear the Share of Cost and enter the amount in the Client Amount Paid field.**

### Required Fields

**Note:** Enter the amount the Client paid, which would be the Share of Cost amount.

Facility Type

Date of Service: This is the date of service you entered on eligibility check. Change it to correct date. If this is 2<sup>nd</sup> (or more billing) for month, the entry will be the last claim date. Change it to current claim date.

Delay Reason: if applicable.

Procedure Code: (i.e. 90801, 90806, 90847) The magnifying glass icon gives a list codes from which to select.

Service Unit Amount: (i.e. 45, 60)

Service Unit: Service Unit is always minutes – **do not change to units**



Submitted Charge Amount: If you enter \$ amount, the system will add the decimal and 2 zeroes.

Diagnosis Codes: The magnifying glass icon gives a list of codes (without period)

### Submitting a Claim (cont'd)

**Services Claim Confirmation**

Client: John Doe



**Options**  
Work Space

Services	Payer	Client	Provider	Advanced
Rendering Provider				
Name John Doe				
Claim Details				
Date <b>04/07/2005</b>				
Claim ID				
Procedure <b>99999</b>				
Rate <b>0.00</b>				
Units <b>99</b>				
Patient Paid <b>0.00</b>				
Total <b>0.00</b>				
Submitted				

If all data entry is correct, click the "Submit Claim" button.

**Submit Claim**

Provide Feedback

Verify that all data on this screen is correct and click the "Submit Claim" button. Your claim has been submitted.

Return to Work Space and begin again.

### Submitting a Claim (cont'd)

Submit Additional Claim	
<div>Options</div> <div>Work Space</div>	
Do you want to submit another claim for this client?    Yes   No	

If you have other days of service in the same month for the same client, you can click “Yes” and continue submitting claims. However, if you have more claims, but for a different month, you will need to enter eligibilities for the other months before you can submit claims for those months. Clicking “No” will return you to the **Work Space**.


When you click yes, you will return to screen which shows “Date of Service” as last date you just entered. Change this date to proper date. The diagnosis code is carried forward from last claim. If you made a diagnosis change, put the correct information here.

**You have now completed the eligibility and claim submission process.**


# *Archiving*


## Archiving

### Archiving eligibility checks

In order to keep a manageable list on either the Client or the Claims tabs, you can archive eligibility checks (that are not associated with a claim) and archive claims by clicking  to move the claim transaction record to the Archive tab. For example, if you entered an eligibility for a patient for April 03, 2005 and the eligibility was supposed to be for May 03, 2005, the Archive function allows you to take this mistake off the Client tab.

**Note: For EDI submitters, the client tab will only show a green check in the “D” column.**

On the Client tab, you will need to click on the  in the A column.

**Work Space** 

**Options**  



---

Change Provider  













---

Check Eligibility  

---

  
Filter By:  
(No Filter)   
  
For:  
  
  
(All)   
  
**Apply**  
  
Provide Feedback

**Client** **Claim** **Authorization** **Archive**

D	M	M	O	Client	Provider	Date of Service	A
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/03/2005	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/03/2005	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/02/2005	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/02/2005	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/02/2005	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/01/2005	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/01/2005	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/01/2005	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/01/2005	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/01/2005	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/01/2005	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			04/01/2005	

1 2 3 4 5 6 7 8 9 10 ...

## Archiving (cont'd)

On this page, you will select “No Services Rendered.”

**Select Claim Type**

**Options**

- Work Space
- Request Authorization

Provide Feedback

**Please select from one of these functions...**

- Outpatient Services
- No Services Rendered
- Request Authorization
- Archive

The following screen will appear. Enter a reason why the eligibility was archived.

This will send the information to the Archive tab.

Archiving (cont'd)

Reason For No Claim		?
<b>Options</b>	<b>Client</b>	
Work Space		
	<div><input type="checkbox"/> No Show <input type="checkbox"/> Left without being seen. <input type="checkbox"/> Other</div> <div>Time Stamp: 5/27/2011 11:33:50 AM User:</div> <div>Notes: <div></div></div> <div>Submit</div>	
Provide Feedback		



## Archiving (Cont'd)

### Archiving claims

On the Claim tab, you need to select the icon in the A column that looks like a trash can.

**Claims** ?

**Options**  
Change Provider  
Check Eligibility  
  
Filter By:  
Last Name  
For:  
marquez  
(All)  
Apply  
Provide Feedback

Client Claim Authorization Archive

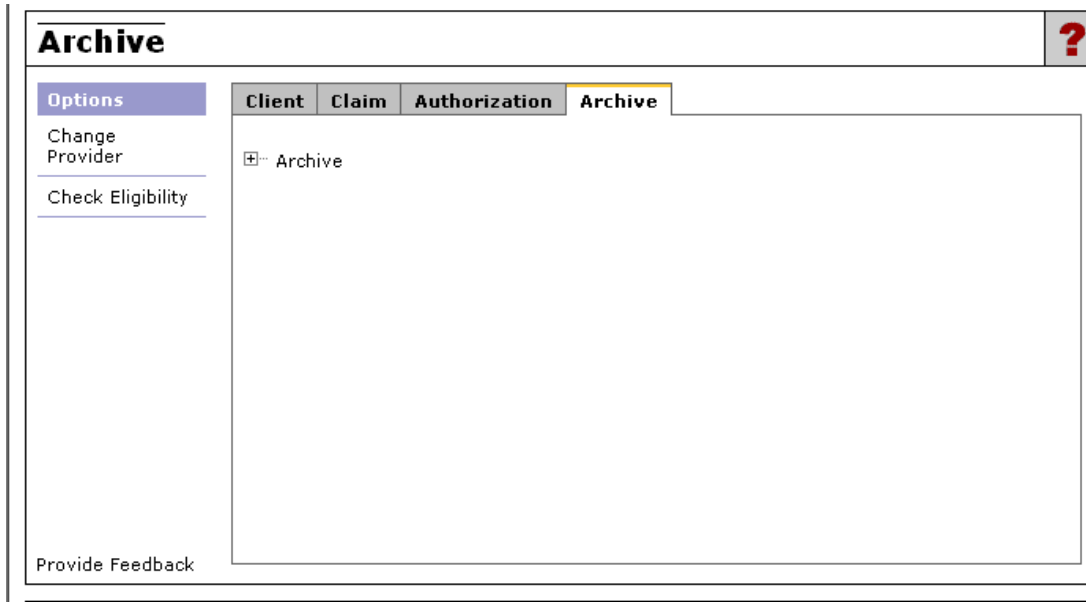
C	S	R	I	Client	Provider	Date of Service	A
	<input type="checkbox"/>	<input type="checkbox"/>				01/03/2005	
	<input type="checkbox"/>	<input type="checkbox"/>				11/25/2004	
	<input type="checkbox"/>	<input type="checkbox"/>				11/18/2004	
	<input type="checkbox"/>	<input type="checkbox"/>				11/14/2004	
	<input type="checkbox"/>	<input type="checkbox"/>				10/28/2004	
	<input type="checkbox"/>	<input type="checkbox"/>				10/28/2004	
	<input type="checkbox"/>	<input type="checkbox"/>				10/21/2004	
	<input type="checkbox"/>	<input type="checkbox"/>				10/14/2004	
	<input type="checkbox"/>	<input type="checkbox"/>				10/07/2004	
	<input type="checkbox"/>	<input type="checkbox"/>				09/30/2004	
	<input type="checkbox"/>	<input type="checkbox"/>				09/24/2004	
	<input type="checkbox"/>	<input type="checkbox"/>				09/15/2004	
	<input type="checkbox"/>	<input type="checkbox"/>				09/09/2004	

1 2 3 4

Once you click the trash can, the claim will immediately be sent to the Archive tab.

## The Archive Tab

The archive tab contains the transactions that have been archived from both the **Client** (eligibility checks) and **Claim** (claims that have been sent) tabs.



The screenshot shows the 'Archive' tab selected in a web application. The interface includes a sidebar with 'Options' (Change Provider, Check Eligibility) and a 'Provide Feedback' link. The main content area has tabs for 'Client', 'Claim', 'Authorization', and 'Archive'. A tree view under 'Archive' shows a single item, 'Archive', which is currently collapsed. A red question mark icon is visible in the top right corner.

Click on the “+” sign to show what information has been archived by month.



This screenshot shows the same 'Archive' tab interface, but the 'Archive' tree view is expanded. It displays a list of months from May 2011 down to September 2010. Each month has a '+' sign next to it, indicating that it can be further expanded to show specific transactions. The 'Clients', 'Claims', and 'Authorizations' sub-items are visible under the 'May 2011' entry. The sidebar and 'Provide Feedback' link remain the same.

On this page, you will be able to see if you have eligibility checks or claims archived for that month. A “+” sign denotes there is information available for that area.

### The Archive Tab (cont'd)

Once you click on the “+” sign, all information archived for the month and area will be available for you to view by client name and date of service.

The screenshot shows a web application interface with a top header bar labeled "Archive" and a red question mark icon. Below the header is a navigation menu with four tabs: "Client", "Claim", "Authorization", and "Archive". The "Archive" tab is currently selected. On the left side of the main content area, there is a sidebar with the heading "Options" and two links: "Change Provider" and "Check Eligibility". The main content area displays a tree view structure. The root node is "Archive", which is expanded to show a list of months: "May 2011", "April 2011", "March 2011", "February 2011", "January 2011", and "December 2010". Each month has a plus sign next to it. Under "May 2011", the "Clients" sub-item is expanded, showing three horizontal lines representing individual client records. Below "Clients" are the "Claims" and "Authorizations" sub-items, which are currently collapsed. At the bottom left of the interface, there is a link that says "Provide Feedback".

In this example, each line under “Clients” represents an eligibility check which was archived. Also note there were no claims archived.

**Click on the desired transaction to restore that transaction to the appropriate functional area. For example, clicking on a transaction under client will restore it to the client tab.**

Once restored, the transaction can be located and reviewed.

**This completes your overview of the claiming process.**

# *Checking Claim Status*

Once you have completed your claim submission, you will automatically be routed to the Work Space. From here, you will need to click on the Claim tab to begin checking the status of your claims.

**Work Space**?

Options

[Change Provider](#)

[Check Eligibility](#)

Filter By:  
(No Filter) ▼

For:

(All) ▼

Apply

Provide Feedback

ClientClaimAuthorizationArchive

D	M	M	O	Client	Provider	Date of Service	A
1							

## The Claims Tab

### Claims

Options

Change Provider

Check Eligibility

Filter By:

Last Name

For:

marquez

(All)

Apply

Provide Feedback

Client

Claim

Authorization

Archive

C	S	R	I	Client	Provider	Date of Service	A
						01/03/2005	
						11/25/2004	
						11/18/2004	
						11/14/2004	
						10/28/2004	
						10/28/2004	
						10/21/2004	
						10/14/2004	
						10/07/2004	
						09/30/2004	
						09/24/2004	
						09/15/2004	
						09/09/2004	

1 2 3 4

This page will allow you to determine if your claim has been submitted for processing. An open circle (see the green arrow) denotes that the claim has not been completed and not sent for processing. A closed circle (see the red arrow) denotes the claim has been completed and sent for processing.

If the circle is open, select the open circle to input the missing information. However, if a backwards K is revealed, contact Provider Relations as a processing error may have occurred.

To get a more detailed status report, you must run IS reports from the “Reports” link on the Home module. Below is a list of reports you may run for claim status information.

#### IS702 – State Denial Claims Report

Gives explanation as to why the claims were denied by the State

#### IS704 – Claim Status Detail Report

Details the statuses of all claims submitted and their denial reason

#### IS707 – Claim Status Detail Report (Exportable)

Details the statuses of all claims submitted and their denial reasons in Microsoft Excel format

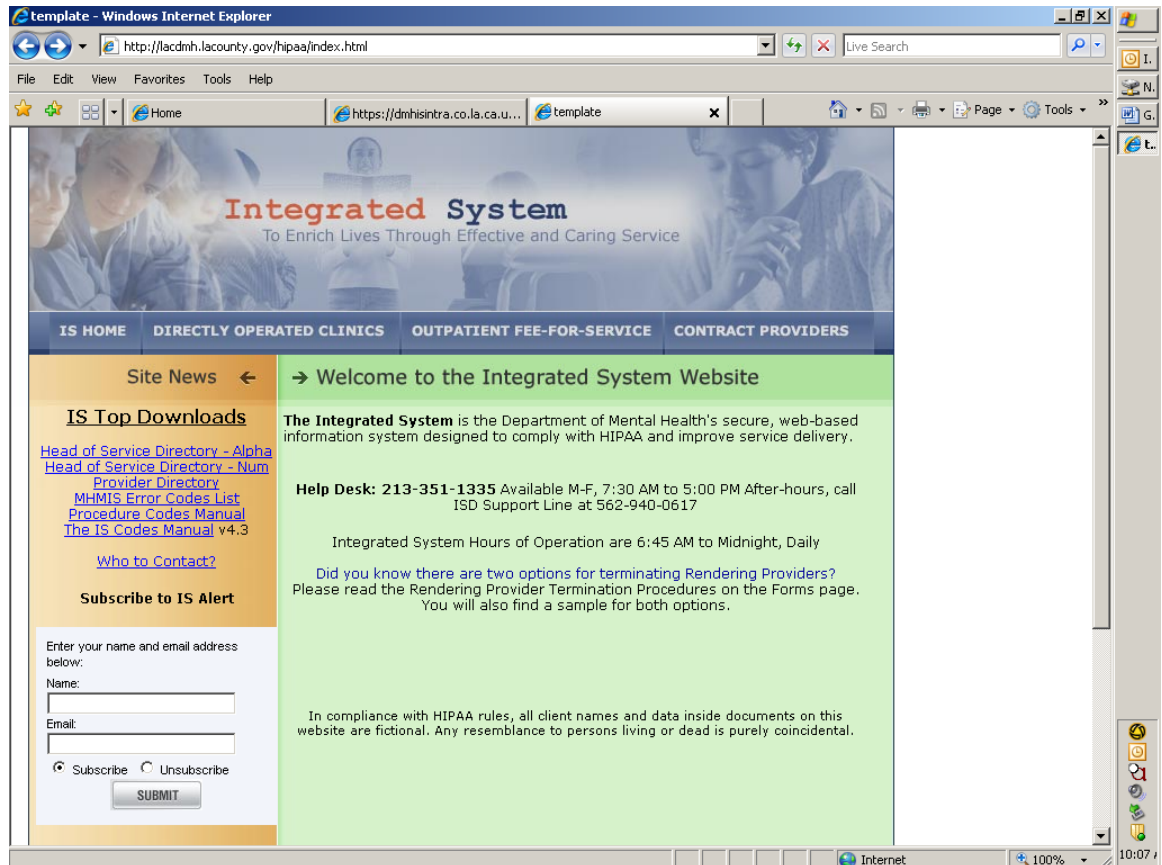
If you need assistance with these reports, please contact the Provider Relations Unit at (213) 738-3311.

102

# *Payment*

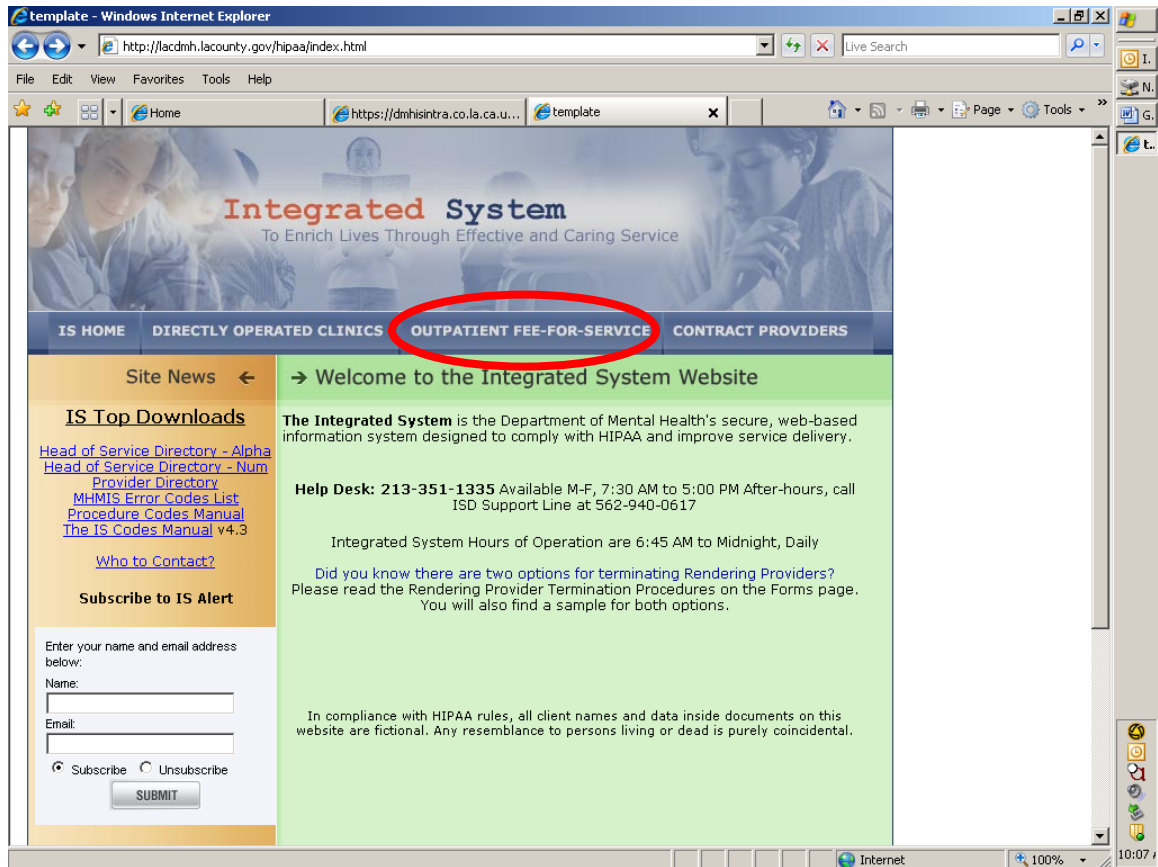
## Accessing the New Internet Reports for Checks with 9-Digit Sequence Numbers

1. Open your Internet Browser and enter the following website in your address bar: <http://lacdmh.lacounty.gov/hipaa/index.html> ; press Enter

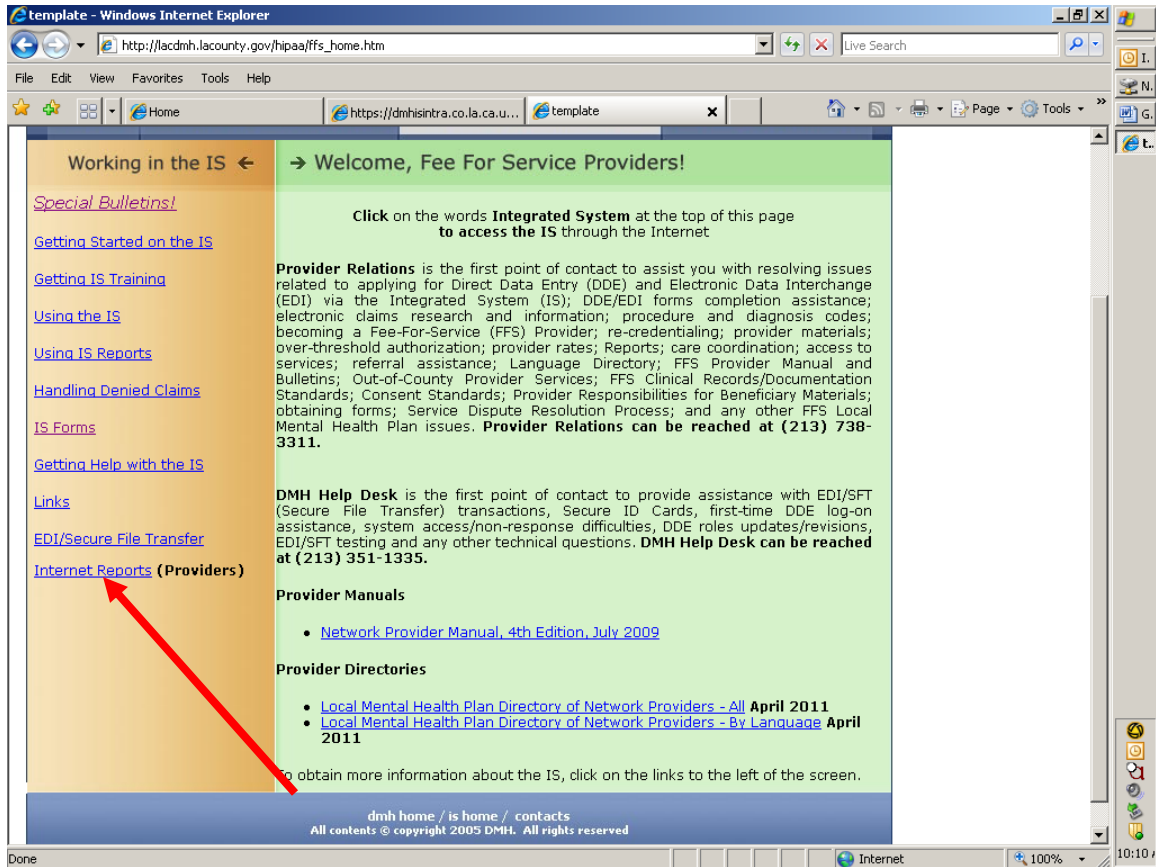




## 2. Select “Outpatient-Fee-For-Service”



3. The following page is where you will find the Internet Reports link. On the far left side of the page, there is a menu list of links. At the bottom, there is a link called “Internet Reports (Providers).” This is where you will find the reports for the current checks with the 9-digit sequence numbers such as 09-0000087.



4. In order to have access to these reports, you must have two sets of usernames and passwords.
- For the first log-in screen, you will enter the same information you would enter to access the reports, submit eligibilities and claiming.
  - For the second log-in, you will need to contact the HelpDesk at (213) 351-1335.
    - Tell the HelpDesk you have your SecurID card and need your username and password for access to the Internet Reports.
5. Once you have all your username and password information, you will be able to access your reports.
6. The two reports available are:
- 705A – Processed Claims Summary Report

- i. A listing of checks received by the Provider
- b. 706A – Claims Reconciliation Report
  - i. The detailed information of what claims were paid on which check (sequence number)